

FOR	DEPARTM
STATE	DEI ARTIM
REGISTRAR	

STATE OF MARYLAND NENT OF HEALTH AND MENTAL HYCENE

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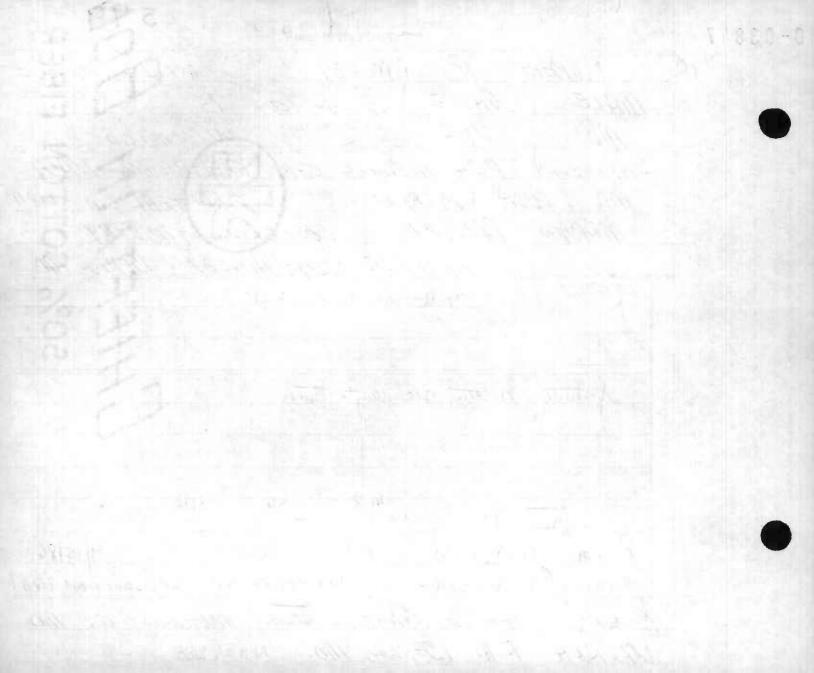
1		500		STATE OF A		1 2	599	
	1 -	FOR STATE	DEP	ARTMENT OF HEALTH	I AND MENTAL HYG E OF DEATH	ISNE I S	011	
		REGISTRAR			E OF DEATH	REG. NO		
2		CEASED NAME OF FIRST	MIDDLE	A An in	1	2a DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
×		BUIEN	7 10,	HPPLE	64	API	RIL 12,1986	2005M
	1.5EX	MAIG	4 RACE	5. DATE OF BIRT	H DAY YEAR	6. AGE (IN YEARS LAST BIRT	MONTHS DAYS	IF UNDER 24 HRS
	1	MHLE	WAME	12-	9-10	15	YRS.	, man
2		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	MARRIED -	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	
	10.01	TY OR TOWN OF DEATH	11 NAME OF HOSPITAL, NU	WIDOWED W	DIVORCED	12a USUAL OCCUPATIO	11110	MD.
1	THE CI	SAL130URY	(IF NOT PSUCH FACILITY, GIVES	MEDICAL	CTR,	TYPE OF WORK FOR MOST	F WORKING HEED INDUSTRY	ASA
100	USUA 130. S	AL RESIDENCE (IF NURSING HOME OR		BEFORE ADMISSION) 13d. IT	NSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE	-21811
2	14.)FA	THER'S NAME	1	15. M	OTHER'S MAIDEN NA			
2		MIHKIAN	MIDDLE APPLEIS	14	CORNE	LIUS TI	MOTHY	1
2		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL:	SECURITY NO. 17 IN	FORMANT	2001-01	SS BEDI	Ma
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		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly ane couse per line for (a), (b)	6		u	APPROX BETWEEN	ONSET AND DEATH
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			DUE TO, OR AS A CONS	EQUENCE OF				
		Canditians, if any, which	(b)					
		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONS	EQUENCE OF			10000	
			(c)					
	z	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING	TO DEATH BUT NOT	RELATED TO THE TERM	INAL DISEASE OR CONE	DITION GIVEN IN PART 1	a
	5	Milailar	y culatury /	Lechalacyto		I AN AUTORSYS	Ton IF VEC 14/EDE CINID	1=2.115
	FICA	19a DATE OF OPERALION	196. CONDITION FOR WI	HICH OPERATION WAS	PERFORMED	20a AUTOPSY?	206. IF YES, WERE FIND IT IN CERTIFYING CAUSES	OF DEATH?
	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	7 21b. TIME OF INJURY	121.	AOW INTERVIOUS CHIPS	YES NO	YES 🗌	NO 🗌
1		OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM IS RART I OR PART 2)	
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED		19	OCATION		201001-100	
	MEC	WHILE NOT WHILE	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OF		OCATION STREET	CITY OR TO	WN COUNTY	STATE
		22a.1 certify that (I) (this hospi	tal) attended the deceased for	4 3	10 86	4/12	19 86	that (I) (we) last
		saw the deceased alive an	4/12			death occurred on the da	ite and have and leam the	
		22b. STONATURE	view the bady after death.	DEGRE			22c DAJE	
		Kirdnen	a. 1.) assist	m.E	ATTENDING	MEDICAL STAF	F LII	15/86
H	-	22d. PHYSICIAN'S NAME (TY)	OR PRINT)		ADDRESS	POWECTOR PHAZIC	IMIN	-10-
		RODINEY OF	7. WENRICE		100 POWE		ALISBURY A	10815 pa
	23a. B	URIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF CEMETE	RY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	MALL
	24 511	DIVERAL DIRECTOR	7-10-00	CATRO	1- HEAVEN	MUNTON	25b. REGISTRAR'S SIGNAT	11/10
	24 10	NEW O VIII	~ 11 hos	bon.	100	REC D. BY REGISTRAR	DB. REGISTRAR'S SIGNAT	UKE

DHMH - 16 60M 7/84 (VRA 15, 4)

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injury, or other troumotic event,

MPORTANT: If Hem 21 is marked or Hem 18 shows any



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ector. p	3 SE	F	Black	S. DATE OF BIRTH	, 1887	6 AGE (IN YEARS LAST BIR	MONTHS YRS		AIN.
deorn		RTHPLACE (STATE OR FOREIGN DOUNTRY)	76 CITIZÈN OF WHAT COUNTRY USA	MARRIED - NEVE	R MARRIED DIVORCED	9 BALTIMORE CITY O Wicomico	R COUNTY OF DEA	ATH	MD.
s offer o		TY OR TOWN OF DEATH Lisbury	11. NAME OF HOSPITAL, NURS PENLINSULA CENET			126. USUAL OCCUPATI (TYPE OF WORK FOR MOST O		KIND OF BUSINESS USTRY KXXXX	OR
illied in	Ma	ryland Wicon		ville YES	CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE	1872	
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ned in the output ple		Conditions, if any, which gove rise to immediate cause (a), stofing the underlying cause last PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CONSEQUENCE OF THE CONDITIONS CONTRIBUTING TO		ED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN P	ART lig	
n sig Then to b	Z	. asv							
he law a	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PER	FORMED	200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING C. YES [7]	FINDINGS USED AUSES OF DEATH? NO	
SICIAN: T 9 physici certificate rial-transi ental Hygi them 18 sh		21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	INJURY OCCURR	RED (ENTER NATURE OF INJUR	Y IN ITEM TO PART I OR P	ART 2)	
offer this of the bull who and Mond Mond Mond Mond Mond Mond Mond Mo	MEDICAL	21d. INJURY OCCURRED WHILE ON WHILE OF AT WORK	21e, PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE	. FARM, ETC.) 211 LOCA STR		CITY OR TO	wn cou	NIY STATE	E
A ATTENDISH hospital or RECTOR A RECTOR A for use of for use or of Health of			at attended the deceased fram A - 2	C_E	(aur) apinion o	death occurred on the de	ite and haur ond fro	, mar (11 (we)	
F 500 F		22b. SIGNATURE	(1)	DEGREE		MEDICAL STAF		L28-56	
O HOSPITAL etoined by the TO FUNERAL should be det with the Stote			rouch	53/	Riversio	6 Dr. Sali	stury 7	saryland	
BP		SURIAL, CREMATION, REMOVAL SPECIFY 1 n Tomb	May 2,1986 S	haron Hili	Garden	23d LOCATION CITY OF TOWN Dover	Kent	De . State	
DHMH - 16 60M 7/84	24 FI	Anthony E. War	d Crisfield	Maryland	250 DAA	PECO GRISCOAR	getes build	Bordhallour	•

AND STANDARD TO A CONTROL OF THE STANDARD STANDA * The first of the same of the

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGJENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20 DATE OF DEATH MONTH 2b HOUR (TYPE OR PRINT) 855 WEN 3. SEX 4. RACE 6. AGE FIN YEARS LAST BIRTHDAY IF LINDER LYEAR IE LININED TI MOS YRS BALTIMORE CITY OR COUNTY OF DEATH TO CITIZEN OF WHAT COUNTRY? LATE OR FOREIGN MARRIED NEVER MARRIED DIVORCED Wicomico 12b. KIND OF BUSINESS OR 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION Salisbury Peninsula General Hospita 13d INSIDE CITY LIMITS? 15 MOTHER'S MAIDEN NAME LAST 160 WAS DECEASED 16h SOCIAL SECURITY NO ADDRESS 17 INFORMANT 18 CAUSE OF DEATH Enter only one cause per line for to PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate 3 cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause last. part 2. Other significant conditions <u>contributing to death</u> but not related to the t<u>ermin</u>al disease or condition given in part 110 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206, IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM ETC I STREET NOT WHILE AT WORK 27a I certify that (I) (this hospital) attended the deceased from 19 19 1, and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN MPORTAN 22d PHYSICIAN'S NAME (TYPE OR PR 22e ADDRE should by 0 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY DHMH - 16 60M 7/84 (VRA 15, 4)

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O	0	0021	1.	DECEASED NAME	FIRST		MIDDLE			LAST		20 DATE KI	10MN L	MONTH	DAY YEAR	26 HOUR
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1		S S S E S	1	FOREIGN COUNTRY)		USA			WIDOW		DIVORCED		ico C	Countr		
		22403	100	CITY OR TOWN O	EDEATH	11. NAME OF H	OSPITAL NU	IRSING HOME				USUAL OCCUPA			Y 12h KIND OF B	MD.
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	3	SE PAR	11	WAS DECEASED	(IF YES, GIVE	WAR OR DATES)	166. 50	CIAL SECURIT	T NO.	17. INFORM	IANI		ADDRESS	Edo.	n Ma	21822
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	-	SOES I		18 CAUSE OF	DEATH (Enter anl	y ane cause per l	ine far (a), (b), and (c).)					-		APPROXIMA BETWEEN ONS	TE INTERVAL
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		TO MEDICAL EXAMINER EXECUTE THE CRETIFICAN PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR AFTER DEATH WITH THE BALTIMORE, MARYTANDE	22										1100.	, I'IL	21201	
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	#3m	DHMH - 17		<i></i>			SS			2	So. DATE REC'I	D. BY REGISTRAR	25b. REGIS	STRAR'S SK		
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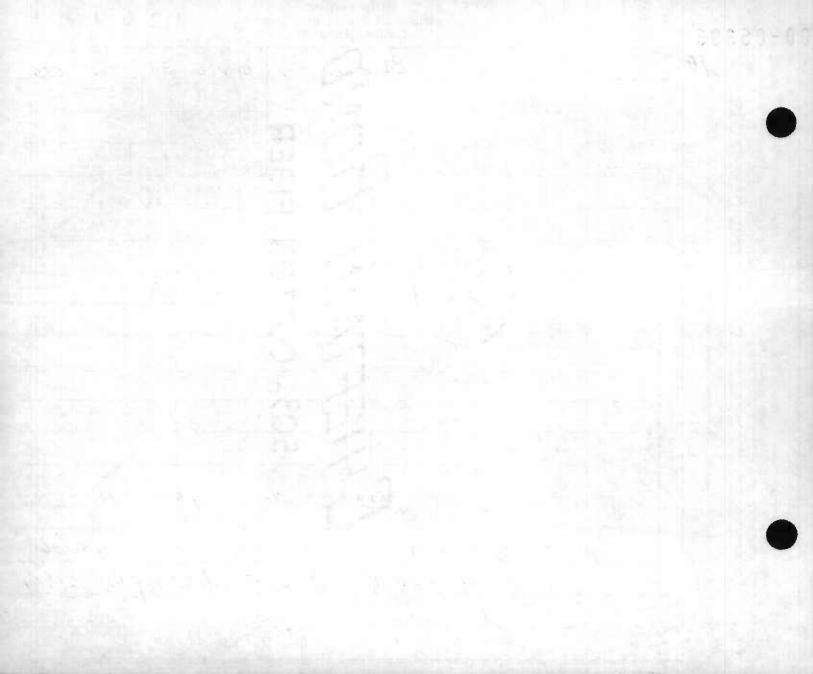
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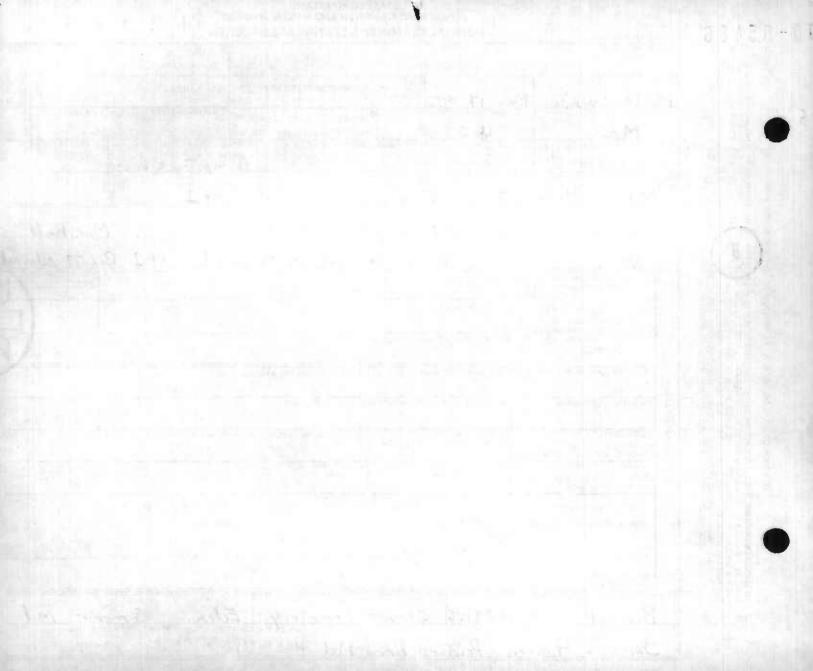
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE OF CERTIFICATE OF DEATH

- 1		REGISTRAR		CERTIN	ICAIL OI	PLAIN	REG. N	10.		
2		CEASED NAME FIRST	WIDDLE	0.	AST		20 DATE OF DEATH	HTMOM	DAY YEAR	26 HOUR
7		John	Charles		echer	, Sr.	APRIL	30	1986	0535 M
1	1.5EX		4 RACE	S. DATE C		YEAR	6. AGE (IN YEARS LAST B	RTHDAY}	MONTHS DAYS	HOURS MIN.
		ale	Caucasian	09	04	1913	72	YRS	4.5	
2		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8. MARRIE	D NEVER	MARRIED -	9. BALTIMORE CITY	OR COUNT	Y OF DEATH	
2	_	aryland	U.S.A.	WIDOWE	- Long-of	NORCED [Wicomico			MD.
2	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS		OR OTHER INS	TITUTION	120 USUAL OCCUPAT			F BUSINESS OR
9		lisbury	Peninsula Gene		spital		retired	qual	ity co	ntrol
1	130.5	IND COUL		WN	13d. INSIDE	TITY LIMITS?	13e.STREET ADDRESS			
1	_	aryland Word	cester Ocean (City	YES X	NO [1102 N. F	hil.	Ave.	21842
7)	FIRST	MIDDLE LAST			S MAIDEN NAM	MIDDLE		LAS	т .
4	-	illiam	Bloeche		Anna		E.	DEC C	S	chaaf
7	1 (Y		VE WAR OR DATES)		17 INFORM.	Mrs.	Louetta	R. B	loeche	r, 1102
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1		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly ane cause per line fay a), (b), a ED BY:	to told	7 - 00	the Kenin	tolyano 9	Slines	BETWEEN	IMATE INTERVAL ONSET AND DEATH
1		IMMEDIA	TE CAUSE (a)	000	· com	not our	100000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Ы			DUE TO, OR AS A CONSEQU	JENCE OF						
4		Canditians, if any, which gave rise to immediate	(b)							
1		cause (a), stating the underlying cause last	DUE TO, OR AS A CONSECU	JENCE OF					1 Pa. 3	
- 1		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT BELATEI	TO THE TERM	NIAL DISEASE OF COL	IDITION C	VENI INI DADT 1	
1	20	TAKE 2. OTHER SIGNIFICANT	COMPINONS COMMISSIONO IC	DEATH BOT	NOTRELATE	O THE TERMIN	IVAL DISEASE OR COI	VIIION G	VEIN IN PART III	
2	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATIO	N WAS PERFO	DRMED	20a AUTOPSY?		S, WERE FINDIN	
	THE		al Berthall				YES NO		IFYING CAUSES	NO [
2	CER	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c. HOW IN	JURY OCCURR	ED (ENTER NATURE OF INJ	URY IN ITEM 18	PART I OR PART 2)	
	A.	OR CONTRIBUTING CAUSE OF DE	AID	19						
	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	SARA ETC.)	211. LOCATI		CITY OR T	OWN	COUNTY	STATE
	2	WHILE NOT WHILE AT WORK	(ATTIONE STREET, FACTORY, OFFR,E	, rann, erc		01	. 11	-		
			ital) attended the deceased fram	41	2 4	19 40	_, to	20	19 20	that + (we) last
		saw the deceased alive an abave, (1) (we) (did) (did as	19_ No view the bady after death	50 , ar	nd that in (my	(aur) apinian d	eath accurred an the o	date and ha	ur and fram the	causes stated
П		22b. SIGNATURE	m/		DEGREE				22c. DATE	SIGNED
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		22d. PHYSICIAN'S NAME (TYPE C	OR PRINT)	M	22e ADDRE	S	C+ Cilia		. m.	2180
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	23a B	URIAL, CREMATION, REMOVAL			EMETERY OR		23d. LOCATION		COUNTY	SIATE_
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DHMH - 16 60M 7/84 (VRA 15, 4)



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	PLEASE CCTOR. FILES. HOURS	3. S		S. DATE OF BIRTH	YEAR	AGE (IN YEARS	IF UNDER TYR.			MOM		ZAR 24 HOUR 11:58
1	W 02 - 07	1	Tale White	May 17	1952	33 YRS.	MONTHS DAYS	HOURS MIN.	PRONOUNCE DEAD	4	4/ 26/19	86 A M
6	CESSARY, FERAL DIR OR YOUR PRESTON	7 - 70.	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF W	HAT COUNT		MARRIED ON	EVER MARRIED	9. BALTIMOR	ECITY OR CO	OUNTY OF DEAT	Н
4	NEW SERVICE	1	Md	U.	5.		VIDOWED -	DIVORCED [Wicom:	ico Cou		MD.
	AY IS THE FI	7/17	CITY OR TOWN OF DEATH	11 NAME OF HOS			OR OTHER INSTIT	UTION 120. I	USUAL OCCUPAT	ON (TYPE OF WO	ORK 12b. KIND O OR IND	F BUSINESS USTRY
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	NA DE		JAL RESIDENCE (IF IN NURSING HOME STATE 131 COUR		13c. CITY C	DRJOWN			STREET ADDRESS		2/0	nn
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	MD. 17	1	FATHER'S NAME	MIDDLE	d	AST	15. MOTI	HER'S MAIDEN NA	ME	E	LAST	1 11
	0 0000	5 16a	WAS DECEASED EVER IN U.S. AR	ucnell MED FORCES?	JAN SOCI	AL SECURITY N	S 17. INFO	PMANT		DDRESS	Marsi	29/1
	E BER	2	(YES, NO. OR UNKNOWN) (IF YES, GIV	WAR OR DATES)	219	60-14		M . +1- 0		O+ 1	Q . m	El al
	S SESS	-	18 CAUSE OF DEATH (Enter o	ly and saws per line	(0)(1)		51 11/12	א אייועריי	sunas	D 1 +	APPROX	MATE INTERVAL
	NE SES		PART I DEATH WAS CAUSE	D BY:			c Cardio	niyopathy			BETWEEN	ONSET AND DEATH
	STON STON STON STON STON STON STON STON		IMMEDIA	TE CAUSE (a) DUE TO, OR		EQUENCE OF					-	
	PRES THIN JER ANSI AL H REM		Canditians, if any, which gave rise to immediate									
	W WENCE W		couse (a) stating the <u>under</u>		AS A CONS	EQUENCE OF				7710	100	
	SUTE EX ION			(c)								11/4
	RDS EXEC ING ING HAN HAN	1.	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATE	O TO THE TERMINA	L OISEASE OR CONDITI	ON GIVEN IN PART 1 (a)				
	MED BE FELLO MED AS		Fatty Liver	Transcourse								
	MAINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUSE OF STREAMS. THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUSE OF SHOULD SHOULD STAMMER ALONG BE FORWARDED TO THE CHIEF MEDICAL EXAMMER ALONG THE THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIEFE THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIEFE SYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL	CERTIFICATION	178. DATE OF OPERATION	196. CONDI	HON FOR W	HICH OPERAL	ION WAS PERFO	RMED?			LIMI LYES	PSY? TED _
	F VIII	ER I	210 EXTERNAL CAUSE WAS	21b. TIME OF	INJURY		21¢ HOW INJUR	Y OCCURRED IEN	TER NATURE OF INJURY	IN ITEM 18 PART 1		NO L
	THE OULD STANK	7 8	UNDERLYING OR CONTRIBUTING CAUSE OF			DAY YEAR		The second secon				
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	R: TH TE, V NRW/ R: PA E STA D, 21		22a. I certify that I took char	ne of the remains des	cribed about	JIMITED	Autonsy X	Inspection	, Inquiry	and in a	ny apinian	
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	EXAM CERTI DILD B DIRE WARY			A	15	1/	TITLE	(SPECIFY)				
	ITHE CER SHOULD SHOULD ERAL DIR EATH, WII	_	ACTUAL SIGNATURE	/	/	/	M.D. ASS	sistant M	EDICAL EXAMINE	R SI	ATE GNED 4/2	7/86
	EDIC JIET JINER MOR	1	EXAMINER'S NAME	~								
	TO MEDICAL EXAMINE EXECUTE THE CERTIFICA PAGE 4 SHOULD BE FO TO FUNERAL DIRECTOI AFTER DEATH, WITH THI	1				n, M.D.	ADDRESS	11	l Penn S	t.		
		73e.	BURIAL, CREMATION, REMOVAL	A	23c. N/	AME OF CEME	L C CREMA	4	LOCATION CITY OR TOWN	•	COUNTY	STATE
	07/84 BP	24	FUNERAL DIRECTOR	HPril all	7061 (LIVET	ceme	250. DATE REC'D	BY REGISTRAR I	Sh REGISTRAL	R'S SIGNATURE	199
	DHMH - 17 (VR A15 ME (5))		NAME / / 1.	ADDRESS		. 0.	Mal	MAY MAR	10001	· Kan	90	
	(41. 71.2 11. (3))	-	James L Hin	man Pr	in cer	HOOS	Ma	T. VI U.S.	1100 300	TARBUSTA.	A. Blander	1 4



-05570	1	FOR STATE REGILITAR				MENT OF H	EALTH	AND MEN		ATH	2 6	0 5
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20 20 20 20 20	To L		Edward		nard			niecki		OF ESTI-		29 19 86 134
PA PE DIRECT NO SER	6	Male W	hite	5. DATE OF BIRTH	YEAR 07	6. AGE (IN YEA LAST BIRTHDA' 78 YR	MONTH		DURS MIN	2c. DATE PRONOUNCED DE AD	4	29 19 86 143
FCESA WITHIN		Buffalo, Nev		76. CITIZEN OF WH.	AT COUN	TRY?	B. MARRII	ED NEVER	MARRIED	9. BALTIMORE C	Wicom	ITY OF DEATH
ELAY S. TO THE H. PAGE S.	0	Salisbur	у	11. NAME OF HOSP (IE NOT IN SUCH FAC Peninsu	la G	enera	l Ho		FQI		TYPE OF WORK	126 KIND OF BUSINESS OR INDUSTRY TOOL
AND 3 RETAIN RECORD	33	SUAL RESIDENCE (IF IN N STATE Maryland	13b COUNT Wice		Sali:	OR TOWN	N)	13d. INSIDE CITY LI	IMITS? 13e. ST	REET ADDRESS 02 Dougla	s Road	21801
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CAMINER: 1 RTIFICATE, D. BE FORV NITH THE SI	a constant	220. I certify tha death resulted fro		e of the remains desc	ribed abov	ve, held an	Autops	y , In: Homicide		Inquiry X,	and in my o	pinion
TO MEDICAL EXAMIN EXECUTE THE CIRTIFIC PACE 4 SHOULD BE F TO FUNERAL DIRECT AFTER DEATH, WITH IT SHATTER DEATH, WITH IT	7	EXAMINER'S NAMI	John	T. Bulk	elev	elay D. M. D.	M.	Dept	uty_me	dical examiner	DATE SIGN	4-29-00
07/84 BP	2:	BURIAL, CREMATION,			23c. N	AME OF CEM	ETERY OF	RCREMATORY	23d. L	OCATION	-	o, Maryland
DHMH - 17 (VR A15 ME (5)		FUNERAL DIRECTOR	Funera	l Home. P.				250.	DATE REC'D. B	Y REGISTRAR 25M	REGISTRAR'S	SIGNATURE

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		FOR	DEPAI	STATE OF MARYLAND	GIENE . 1 2	606
0-05010	1.	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
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le 4 may b ttor, page after deat	3. SE		PACE 1) h. H.O.	S DATE OF BIRTH MONTH DAY YEAR 16 1910	6 AGE (IN YEARS LAST BIRTHDAY) 76 YRS.	FUNDER I YEAR IF UNDER 4 HRS
eath. Pag		OUNTRY)	CITIZEN OF WHAT COUNTR	Y? MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNT	
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in 24 hours	USU 13a	AL RESIDENCE (IF NURSING HOME OR OTH TATE 134 GOUNTY	WICOMICO NER INSTITUTION, GIVE RESIDENCE BE	ORE ADMISSION) OWN OWN OWN OWN OWN OWN OWN	Deam Stress	The Berik
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RE, MA		MARION F.	D FORCES? 166 SOCIAL SE	CURITY NO. 17 INFORMANT	ALICE	Domens
TIMO Timo		(IF YES, GIVE WA	312-1	0-4419 Micki I	Diggs (BISF	1ELD, Md 21817
ST., BAL		18 CAUSE OF DEATH (Enter only o PART I. DEATH WAS CAUSED B' IMMEDIATE C	Y: /4/1	mona oBnas	t with Mit	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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IL RECORDS, The law rec te has been sir permit. Then tene prior to 1	CERTIFICATION	198 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \(\bigcap \)
OF VITA SICIAN hysician certifica certifica transit real Hyg		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOT IFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18	
NG ndir. ter ne band and	MEDICAL	ZId. INJURY OCCURRED WHILE AT WORK AT WORK	21a PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	211 LOCATION	CITY OR TOWN	COUNTY STATE
OR OR Heal		22a.1 certify that (I) (this hospital) saw the deceased alive an 4	4 April 19		death accurred on the date and he	our and from the causes stated
PITAL OH ATT by the hospital FIRAL DIRECT detached for un State Dept. of I		obave, (l) (we) (did) (did not) vi 27b. SIGNATURE 27d. PHYSICIAN'S NAME (TYPE OR PRI	ney	DEGREE ATTENDING PHYSICIAN [220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	22. DATE SIGNED
TO HOSPITAL (retained by the h TO FUNERAL D should be detach with the State D) IMPORTANT: II		acounter	ell Mil	POB 23	78 Jales bo	ry Med
BP	-	BURIA!	April 22/986	HSbury (emetery)	23d. LOCATION PITY OR TOWN RISFIELD	Somerset Md.
DHMH-16 25M (VRA 15, 4) 1/79	/	INERAL DIRECTOR	along (non	Lell, Md. 2187 PR	2 8 1988	STRAK'S SIGNATURE

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STATE OF MARYLAND

APP 2 8 1983 John Virtuan Horton.

FOR

21863 Pepper Laura E. Coulbourn, Snow Hill, Maryland PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Lig 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) COUNTY STATE and that in (n) (aur) opinion death accurred on the date and hour and from the causes stated 22¢ DATE SIGNE K. Yoon, M.D., Deer's Head Center, P. O. Box 2018, Salisbury, MD 4/14/86 Burial Makemie Presbyterian Snow Hill, Maryland 24 FUNERAL DIRECTOR 250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNARURE DHMH - 16 60M 7/84 Norman F. Dennis. Snow Hill. Maryland (VRA 15, 4)

STATE OF MARYLAND

7h HOUR

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STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL !	HYGLENE
CERTIFICATE OF DEATH	0

0 12511

	FOR STATE REGISTRAR	DEPARTI	MENT OF HEALTH AND MENTAL H' CERTIFICATE OF DEATH	YGIENE O REG. NO.	2011
1	I. DECEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
	(TYPE OR PRINT) KATHAR	INE	COX	APRIL 2	20,1986 5:55 A
	3. SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
	Female	White	4 26 01	8.4 YR	
1	7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED 5		NTY OF DEATH
à	10. CITY OR TOWN OF DEATH		WIDOWED DIVORCED DIVORCED DIVORCED DIVORCED	12a USUAL OCCUPATION	MD. 12b KIND OF BUSINESS OR
U	SALISBURY		ING HOME	(TYPE OF WORK FOR MOST OF WORKIN	NG LIFE) INDUSTRY
AM	USUAL RÉSIDENCE (IF NURSING HOME OF	NTY 13c. CITY OR TOW	VN 134 INSIDE CITY LIMITS?		ODE 21814
MARK	Md Wi	COMICOLBIVALVE MIDDLE LAST	15. MOTHER'S MAIDEN N	P.O. BOX	LAST LAST
RD OF	WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SECU VE WAR OR DATES) 236-50-		d Cox Sagle	1145 Comeback
AMA	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT (CAUTE OF OPERATION) 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	clerotic Caro		200 AUTOPSY? 206 IF	GIVEN IN PART To
7	210. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCU	YES NO	YES NO
1	OR CONTRIBUTING CAUSE OF DE.	R) P.M.	19		
í	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, F	FARM, ETC.)	CITY OR TOWN	COUNTY STATE
	18 Inceosed alive an	ital) attended the deceased from	DEGREE ATTENDING	on death accurred an the date and MEDICAL STAFF DIRECTOR PHYSICIAN	have and from the causes stated 27c DAJE SIGNED
	Earl M. Bear		22e ADDRESS US 50-Civic	Ave., Salisbury	, MD 21801
	230. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal		NAME OF CEMETERY OR CREMATOR		COUNTY STATE
1	24 FUNERAL DIRECTOR NAME Anatomy	Board	Balto., Md.	APR 2 9 1986	SISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

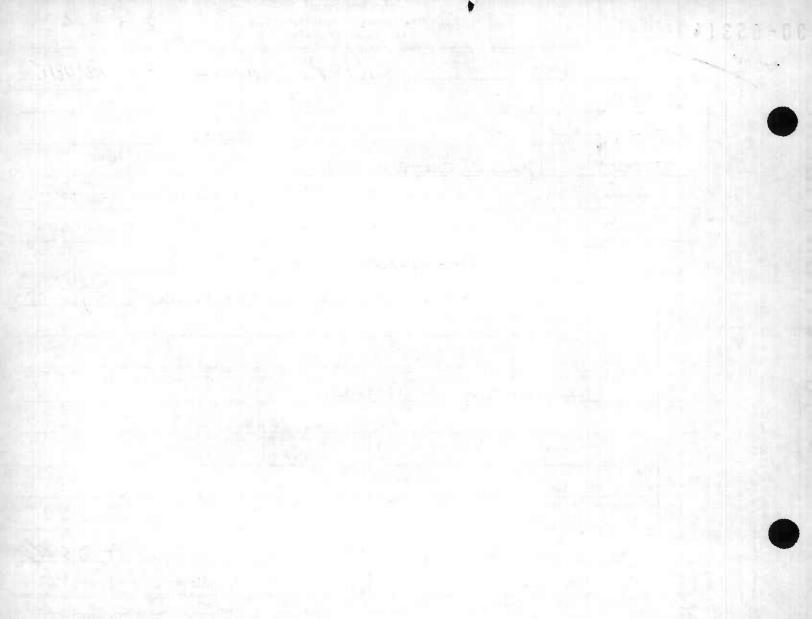


DHMH - 16 60M 7/84 (VRA 15, 4)

Holloway Funeral Home, P.A., Salisbury, Maryland

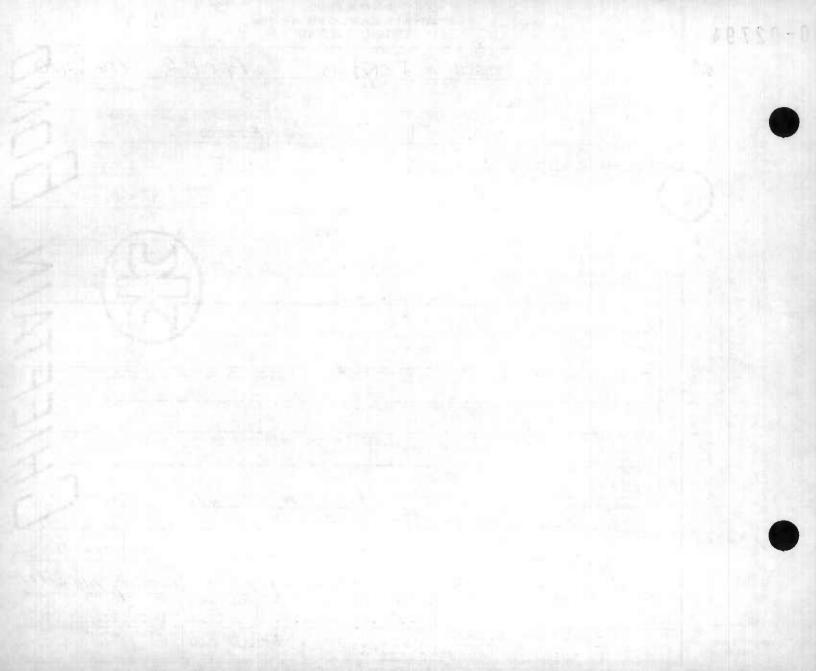
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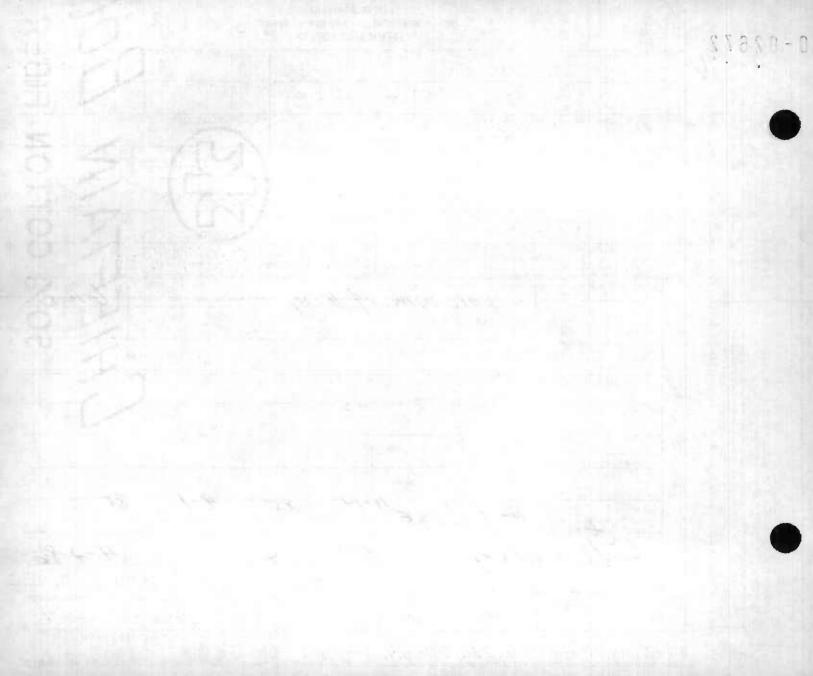


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				STATE OF MARYLAND		- 1 1 1
0 00701	1.	FOR	DEPART	MENT OF HEALTH AND MENTAL HY	SIENE &	2 6 1 4
0-02794	/	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	1 DE	CEASED NAME FIRST	WIDDLE	\$AST \$	20 DATE OF DEATH MO	ONTH DAY YEAR 26. HOUR
y be	(TYPE	ETTA	WILSON	Dayton	April &	2,1986 2130 m
a po	3. SE	X	4. RACE	5 DATE OF BIRTH MONTH DAY YEAR	& AGE (IN YEARS LAST BIRTHD	MONTHS DAYS HOURS MIN.
oge 4	1	FEMALE	CAUC.	03 02 20	66	YRS.
a 52 151		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH
		ARYLAND	U.S.A.	WIDOWED DIVORCED	Wicomico	MD,
11000	1500	TY OR TOWN OF DEATH	NOT IN SUCH FACILITY, GIVE STREE	NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	
102	_	lisbury	Peninsula Genera	al Hospital	EXECUTIVE	OIL
4 hou		TATE 13 OUI		VN 13d INSIDE CITY LIMITS?	130 STREET ADDRESS / Z	IP CODE 2/6/3
N 2 C	Ch	RYLAND DOF	RCHESTERCAMBRI		1301 GLAS	GOW STREET
MARYLAND ed within 24	P	SENJAMIN	MIDDLE	15. MOTHER'S MAIDEN NA	MIDDLE	LAST
	_		WILSO		MARSHA	
BALTIMORE, one be execu- ysician and ppers. Pager vol. 1, themedica	111	VÄS DECEASED EVER IN U.S. AF ZES NO OR UNKNOWN) (IF YES, GIT	VE WAR OR DATES!	URITY NO. 17. INFORMANT 130	1 GLASGOW	ST., CAMBRIDGE, MD.
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, BA		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one cause per line for (a), (b), or	nd (c		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ng p bong rem			TE CAUSE (0)	unema		
PRESTON he death ce and		7.8164	DUE TO, OR AS A CONSEQU	ENTEOF		
RES of the property of the pro		Canditians, if any, which gove rise to immediate	(b)			
W. P. St. The st. The crem ther		couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQU	ENCE OF		
201 red by pleos			(c)			
	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDIT	ION GIVEN IN PART 110
On the control of the	CERTIFICATION	19a DATE OF OPERATION	19h CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 2	Ob. IF YES, WERE FINDINGS USED
nos be	FIC		The Condition of the Condition	TO ENAMED TO A STATE OF THE STA		N CERTIFYING CAUSES OF DEATH?
TA The The Table of the Store o	ERT	210 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	1214 HOW INJURY OCCUR	YES NO	YES NO
Phys phys phys phys phys phys phys phys p		OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH D	AY YEAR	LEIGIER MANONE OF MAJORIE	THEM TO FAMILION FAMILY
ON O Institution of the	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE)	P.M. 21e PLACE OF INJURY	211. LOCATION		
NG PHYSICIAN The low requirements of the following physicion. If the this certificate has been signs the buriol-trassit permit. They have and Mental Hygiene prior to be than and Mental Hygiene prior to be orked or item 18 shows any injury.	ME	WHILE NOT WHILE	(AT HOME STREET FACTORY OFFICE		CITY OR TOWN	COUNTY
DING or o ofth morth	100	AT WORK	ital) attended he deceased from	4/2 1986	4/2/	10 86 that B (wa) last
A ATTEN hospital RECTOR: sed for us pt. of He		saw the deceased wive on	44.7	8/	death occurred on the date	and hour and from the causes stated
REC Pept.		22b. SIGNATUSE	H new the eady unter death.	DEGREE		22c DATE SIGNED
the OAL D		Khane	a 51	ms ATTENDING PHYSICIAN I	MEDICAL STAFF	1/208/
VER.	157	22d. PHYSICIAN'S NAME (TYPE C	OR PRINT)	22e ADDRESS	1 DIRECTOR THIS CIA	
TO HOSPITAL retained by to TO FUNERAL should be det with the State		C.R. L	AYTON, JR.	PCHMC-I	30x 379 fr	11 156 ney Md 21801
5 € 5 € 3 ₹	23a B	URIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION	
BP		URIAL		.VET.CEM.ofE.S.	BEULAH	DORCHESTER MD
DHMH - 16 60M 7/84	24 FU	INERAL DIRECTOR CURR	AN FUNERAL HO			REGISTRAR'S SIGNATURE
(VRA 15, 4)	3	08 HIGH ST.,	CAMBRIDGE, MD.	21613 A	LKO 1900	

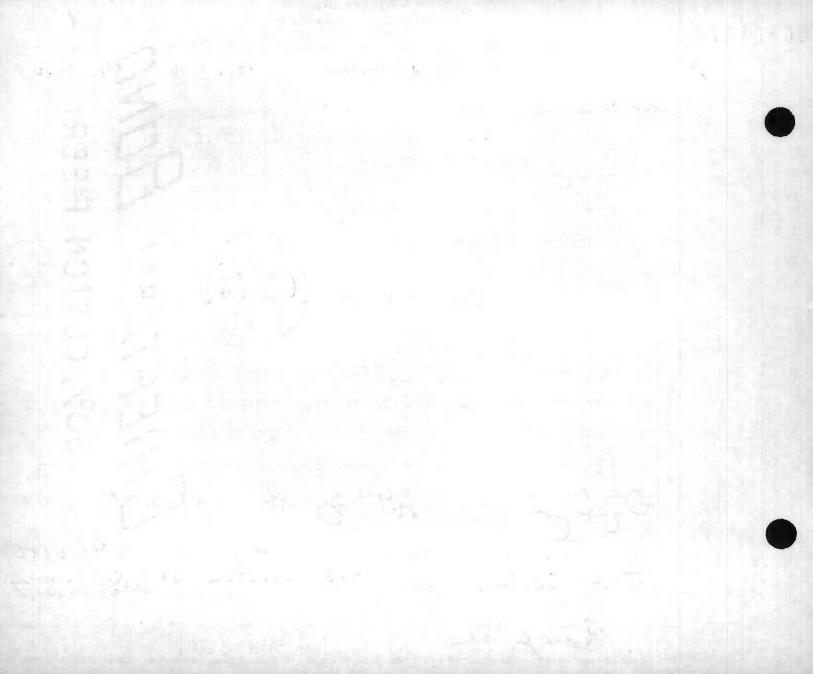


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0-0267		CEASED NAME FIRST	DEMOIT	MIDDLE	Ł	AST		REG. NO		1 86	² 4:15 p.m.
ge 4 moy setor. par	3. SE	x Male	4 RACE White	9	S DATE C	F BIRTH	1899	6 AGE (IN YEARS LAST BIRT	YRS.	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
neral dire	7a. Bi	RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF		TRY? 8. MARRIE WIDOWE	NEVER /	MARRIED	" BATTOMICO		OF DEATH	MD.
by the fu	10. CI	SALISBURY	11. NAME OF I	HOSPITAL NU URYIY, NUI	IRSING HOME C REJEMBESIH	POTHER INS	TITUTION	12a USUAL OCCUPATION OF WORK FOR MOST O	F WORKING LIFE	E) INDUSTRY	OF BUSINESS OR
AND 212	13a S	outh Carolina COUN	OTHER INSTITUTION TY	GIVE RESIDENCE E		13d INSIDE C	NO 🗌	P.O. Box 12	ZIP CODE	9	29602
MARYL ted within ompletely ond 2 si		Unkn		LAST			S MAIDEN NAI	Unknown		LA.	ST
Do ond co		NAS DECEASED EVER IN U.S. ARI YES, INCOPUNKNOWN] (IF YES GIV	MED FORCES? E WAR OR DATES)		14-8159	302 S.	Pinewo	Doris Jenkir ıy, Salisbury,	is (P.C Md.	21801	XIMATE INTERVAL
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ratherding physician. When this certificate has been signed by the ottending physician and completely lifted in both the burial-transit permit. Then please remove corbon-popers. Pages 1 and 2 stigling than and Mental Hygiene prior to burial, cremotion, or removal. On the above the most second injury, or other traumatic event, the medical example in the medical example.	TION	Conditions, il any, which gove rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT C	DUE TO, OI		EQUENCE OF			NINAL DISEASE OR CONI		VEN IN PART 1	
TAL REC The low iction. The low iction. The low birst permity permity permity permity shows or	CERTIFICATION	21g. ACCIDENT WAS UNDERLYING	1000		HICH OPERATIO			YES NO	IN CERTIF	YING CAUSE	
by the hospirol oby the hospirol of effort one control of the cont	MEDICAL CI	OR CONTRIBUTING CAUSE OF DEA IF ETHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHILE NOT WHILE AT WORK NOT WHILE 22d Certify that (1) (this hospit saw the decorated alive an obove, (1) (with that) (did no 22b. SIGNATURE) 22d PH#SICIAN'S NAME (19PEO)	HOUR A. P. 21e PLACE JAI HOME STE (ol) attended the bady R PRINT)	M. MONTH M. OF INJURY REET, FACTORY, OF e deceosed fr attendeath.	om	211 LOCATIN	. 19 January 19 (aur.) opinian	city or 10. death accurred on the do MEDICAL STAF DIRECTOR PHYSIC	ote and have	1987 1987 1987 22c. DATE	2-86
TO HOSE eformed TO FUN should b with the	23a. E	WILLIAM H. RO BURIAL, CREMATION, REMOVAL Infombment	23b. DATE		23c NAME OF C	EMETERY OR	CREMATORY	23d LOCATION Hebron,			
DHMH - 16 60M 7/84 (VRA 15, 4)	24. FI	uneral director followay Funeral					25a. DAT	e REC'D. BY REGISTRAR APR 04 1986	25b. REGIST		TURE

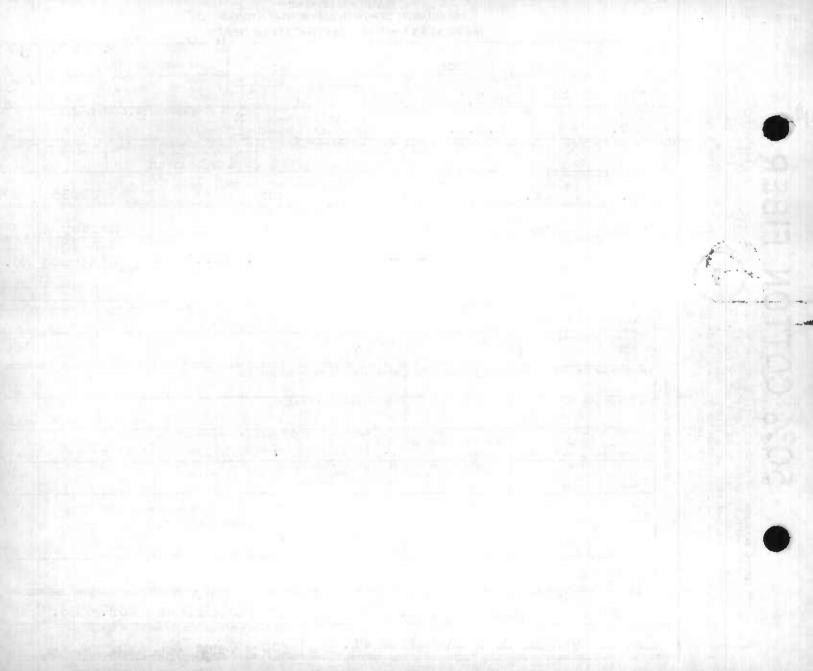


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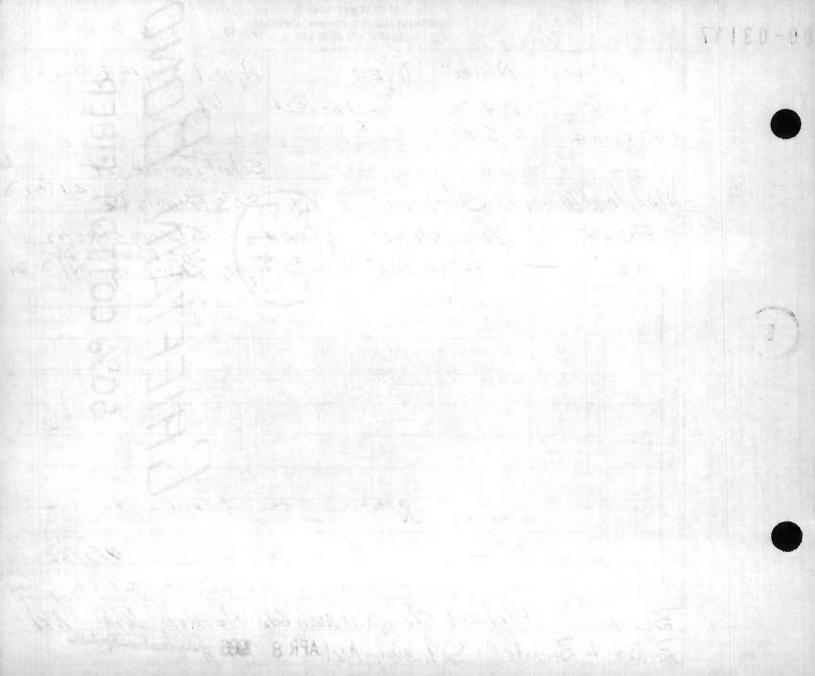


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 00-04718 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20. DATE KNOWN X (TYPE OR PRINT) ESTI-AND 3 TO THE FUNERAL DIRECTOR.
RETAIN PAGE 6-FOR YOUR FILES.
IOULD BE FILED WITHIN 72 HOURS
RECORDS, 300 W. PRESTON STREET, DEATH MATED Reed Gerald Dickinson, Jr. / 19 86 4 RACE DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED male white Jan 3,1965 21 YRS DEAD / 19 86 TO BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. WIDOWED [DIVORCED Wicomico County, CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS. FOR MOST OF WORKING LIFE) OR INDUSTRY lumberman Salisbury Peninsula General Hospital IRSING I OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION BALTIMORE, MD. 21201 THE COUNTY 3n STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 21835 Linkwood Md. Dor. YES [NOCK 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST FIRST ickinson Phyllis Gerald Reed Harvev 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS Box 98 218-88-8369 Gerald R. Bickinson No Linkwood CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL PRESTON ST. BETWEEN ONSET AND DEATH PART LDEATH WAS CAUSED BY Blunt Trauma to Abdomen IMMEDIATE CAUSE (o)_ BURIAL-TRANSIT E AND MENTAL HYCK AATION, OR REMOVA DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate DIVISION OF VITAL RECORDS, 201 W. cause (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 3 SHOULD BE USED AS A DEPARTMENT OF HEALTH PRIOR TO BURIAL, CREM CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? YES X NO [21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING NOR HOUR A.M. CONTRIBUTING CAUSE OF DEATH 3:00AM 0 subject drover of auto that lost control 21e PLACE OF INJURY JATHOME 211. LOCATION STREET, FACTORY, FARM, ETC.) PAGE 4 SHOULD BE FORWARDE TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE D BALLIMORE, MARYLAND, 21201 WHILE AT WORK Takewood roadway New Market. Wicomico Co.. Autopsy X 220 I certify that Ltook charge of the remains descalbed above, held an Inspection and in my opinion death resulted frame Natural causes Hamicide Undetermined manner THEPTSPECIFY) ACTUAL DATE Assistant MEDICAL EXAMINER 4/19/86 EXAMINER'S NAME Dennis F. Smyth M.D (TYPE OR PRINT) lll Penn St ADDRESS 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION Md. STATE Cambridge 4/22/86 burial Dor. Memorial Park 07/84 BP 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR THE PEGISTRANS SHEWATURE **DHMH - 17** FUNERAL HONE CAMBRIDGE MD. (VR A15 ME (5))



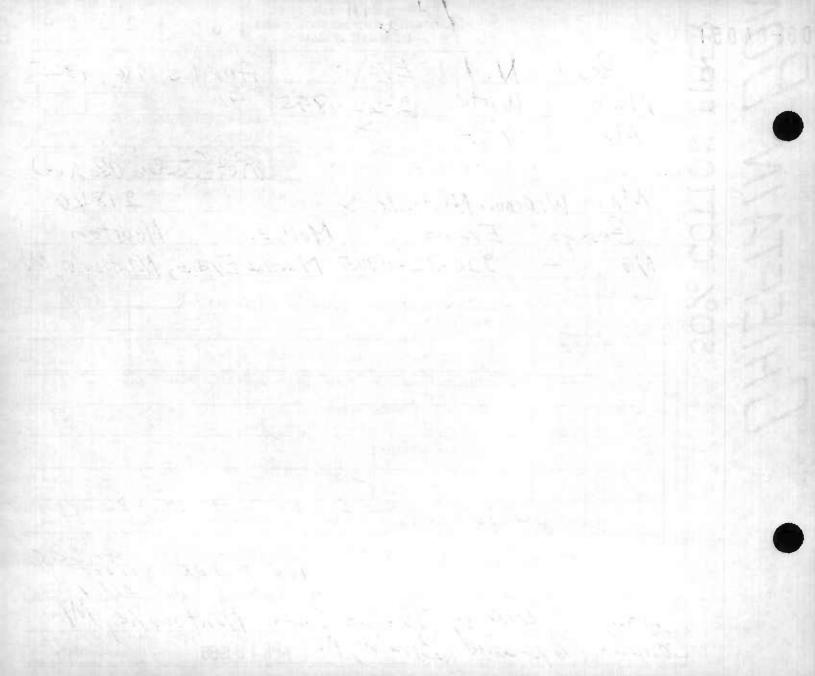
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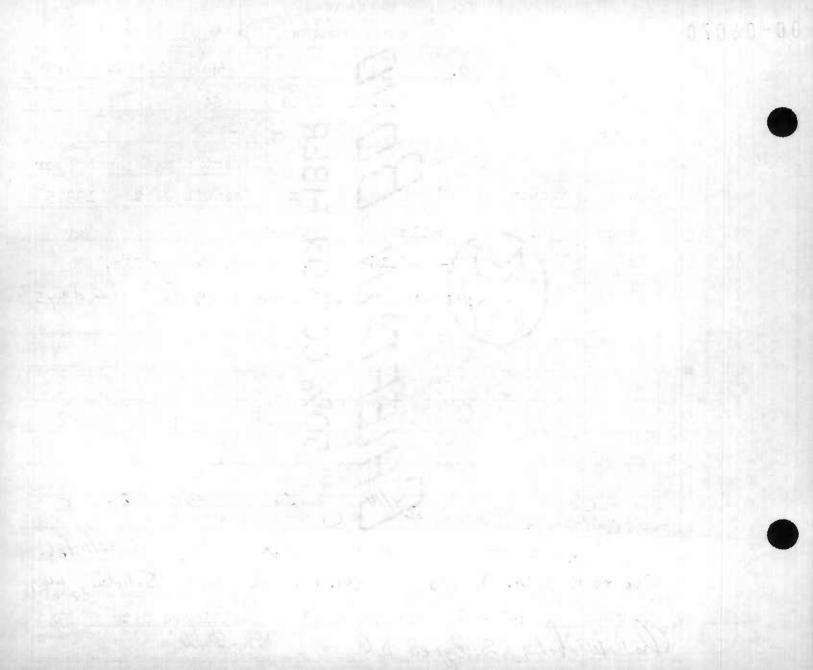
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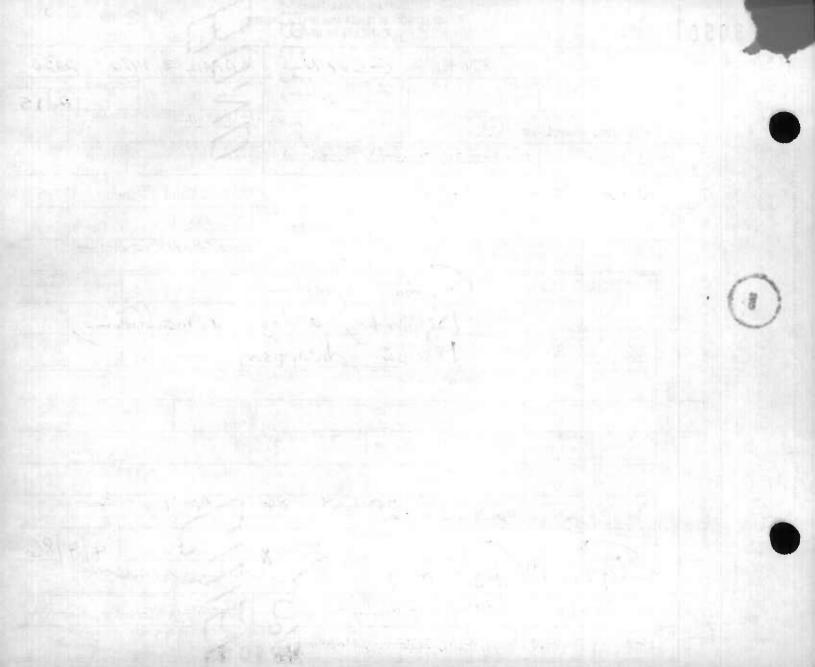




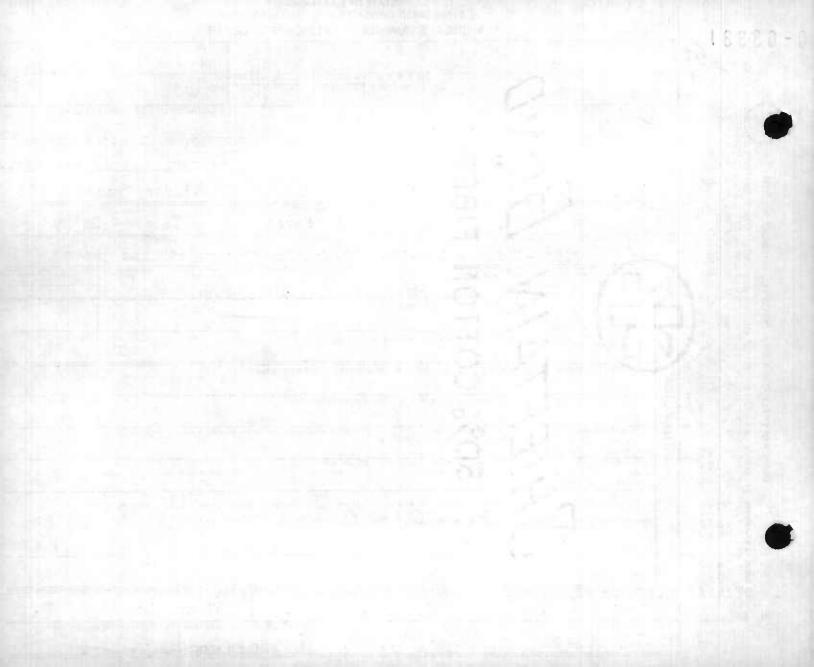
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	ARE SARE NO. NO.		22a certify	that I took charg	e of the remains desc	ribed obo	ve, held an	Autop	X.	Inspection	. In	quiry .	and in m	ny apinian		
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	TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, BALVMORE, M	23a. B	(TYPE OR PRINT	ON REMOVAL 2			NAME OF CE		ADDRESS_	DRY J	123d LOCAT	ION				
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n n =	05211	1-	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE BORES NO. 1 2 0 2 8												
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0	4 may be ar, page 3 ifter death	3 SEX			4 RACE		5	DATE O	DAY	YEAR		YEARS LAST BIR	THDAY	IF UNDER I YEAR	IF UNDER 24	
2	direct	7a BII	Female	DREIGN	White		VTRY? B	07	20	1910			YRS R COUNTY	OF DEATH		-
	death	P	OUNTRY) Iaryland IY OR TOWN OF DEA	Tu	U.S.		1	NIDOWE	D	NORCED [OMICO	ION	125 KIND	OF BUSINESS	MD.
102	by the	Sal	isbury		Peninst	ila cei	nera	les Hos		THORION _	(TYPE OF WO	sewife	F WORKING LI	E) INDUSTRY	Home	OK
AND 212	n 24 hou	13a. S Ma	ryland	136 COUN		13c CITY OF	R TOWN	у	13d INSIDE C	NO 🔀				one Zion Church RD 2180		
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, 201 W. PRESTON ST.,	requires that the feet signed or the please of the please	ION	Conditions, if any, gave rise to imm cause (a), stating underlying cause	which ediate at the last.	DUE TO, O	RASACON:	SEQUENI SEQUENI SEQUENI SEQUENI	CE OF	Care	divos.	aulo IINAL DISEA	dis	CALL DITION GIV	VEN IN PART I		
AL RECORDS	os bermine prince	CERTIFICATION	19a DATE OF OPERAT	ION	196 COND	ITION FOR W	VHICH OI	PERATION	WAS PERFO	RMED	YES [NO	IN CERTIF	S, WERE FIND FYING CAUSE S	,	
DIVISION OF VITAL	HOSPITAL OR ATTENDING PHYSICIAN: sined by the hospital or attending physicians by the hospital or attention of the certifical bud be detached for use as the burial-training hithe State Dept. of Health and Mental thy ORTANT: If them 21 is marked at Item 18	MEDICAL CER	21a. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTIONS CONTRI	AUSE OF DEA	TH HOUR A. P. 21e PLACE (AT HOME STR (1) view the body	M. MONTH M. OF INJURY GET. FACTORY, C deceased to control death.	DEFICE FARM	19 A ETC)	211. LOCATING STREE	19	, to death occur MEDICA	city or ic	ote and hau	COUNTY	state (we)) l ast
	BPBP	23a B	URIAL, CREMATION, I SPECIFY! BURIAL	REMOVAL	236. DATE 4-30-	1986				CREMATORY	CI	EWARK	WOR	CESTER	STAT MD	ŧ
	DHMH - 16 60M 7/84 (VRA 15, 4)	24 FL	AKER AND	Bou	1		1		MARY				256. REGIS1	RAR'S SIGNA		

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REG. NO.	

	1-	FOR STATE	DEPART		AND MENTAL HYGI	ENE 8 6	1 1	2 6	7 0
		REGISTRAR		CERTIFICATE	OF DEATH	REG. NO		20	20
		CEASED NAME FIRST	WIDDLE	LAST		26. DATE OF DEATH	MONTH DAY	YEAR 2b. F	HOUR
		Henr	y J.	HENDE	'R Son'	April 4	1986	1:	00 A M
	3. SE)		RACE	5. DATE OF BIRTH	DAY YEAR	6 AGE (IN YEARS LAST BIRT	THDAY) IF UNDE		NDER 24 HRS
	-	Male	White	Jan /	0, 1913	73	YRS		
ř	PE BB	RTHPLACE (STATE OR FOREIGN	16. CITIZEN OF WHAT COUNTRY	? 8 MARRIED WI	EVER MARRIED	BALTIMORE CITY O	R COUNTY OF DE	ATH	
2	M	IVY/2nd /	Ch xd	WIDOWED	DIVORCED [Wicomico			MD.
7	1	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS			12 a USUAL OCCUPATION OF WORK FOR MOST O		KIND OF BUS	SINESS OR
d	1	-	Peninsula Cener	-	al	Merchan		35 4 0	9, (
1	USUA 13a S	HES DENCE (IF NURSING HOME OR	TY INSTITUTION GIVE RESIDENCE BEFO	ORE ADMISSION) WN _ 13d. INS	SIDE CITY LIMITS?	130 STREET ADDRESS	ZIPÆQDE	210	55
1	1	Va. Some	erset Princes	SAnne YES [NO D	Marsion		4/89	2
1	FA	THER'S NAME	NIDDLE // LAST	15 MO	THER'S MAIDEN NAM	MIDDLE MIDDLE) LAST	
_	1	rehibald	Henderso.	2.	Norz		1	ryder	7
2		VAS DECEASED EVER IN U.S. ARA VES, NO OR UNKNOWN) (1F YES, GIVE	MED FORCES? 16b SOCIAL SEC	URITY NO. 17 INF	ORMANT	39RE	Marsoon	St	6.4.1
-			218-20-	7200 1975	Marie He	inderson Fr	incess A	mne,	Md.
		18 CAUSE OF DEATH (Enter onl		ind (c				APPROXIMATE I	AND DEATH
	100	PART I. DE ATH WAS CAUSED IMMEDIATI	CAUSE (a) Metast	atic Adend	pearcinom	a of		4-	onthe
			DUE TO, OR AS A CONSEOL	UENCE OF UNG	ertain	Primary	Origin		
		Conditions, if any, which	(b)						
		gave rise to immediate couse (a), stoting the	DUE TO, OR AS A CONSEOL	UENCE OF					
		underlying couse last	(c)						
	,	PART 2 OTHER SIGNIFICANT C	onditions <u>contributing</u> to	DEATH BUT NOT RE	LATED TO THE TERMI	NAL DISEASE OR CON	DITION GIVEN IN	PART No	
	CERTIFICATION								
7	1CA	90 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS I	PERFORMED	20e AUTOPSY?	206. IF YES, WERE IN CERTIFYING (
-	E I					YES NO NO	YES 🗌		
Ý	B	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	216. TIME OF INJURY HOUR A.M. MONTH [DAY YEAR	OW INJURY OCCURRI	ED (ENTER NATURE OF INJUR	TY IN ITEM 18 PART I OR	PART 2)	
8	ICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. #	19					
	WED	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE		STREET	CITY OR TO	wn co	YIMU	STATE
	7	AT WORK NOT WHILE							
١		226.1 certify that (1) (this hospits saw the deceased alive an_		4	ch, 1986				+ (we) last
		above, (1) (we) (did) (did not			(my) (my) opinian d	eath accurred on the do			
١		22b. SIGNATURE	m	DEGREE	ATTENDING .	MEDICAL STAF		DATE SIGN	IED
Ü		4 8.	/arta	n.0	PHYSICIAN D	PHYSIC		17/8	4
7		22d. PHYTICIAN'S NAME (TYPE OR			DDRESS		, - ,	,	
		James E	7 12			vision 5	·, Jali	500-7	, MO.
	23a B	URIAL, CREMATION, REMOVAL	236 DATE 236	NAME OF CEMETER	Y OR CREMATORY	234 LOCATION	(Soun	TY Z	STREA /
		1207121	14/7/86 NO	E. Andrew		Princess 1	MHE JOW	ierset	Md.
-	17º	HERAL DIRECTOR	ADDRESS	1 H -	ADD E	REC'D. BY REGISTRAR	Sh REGISTRAR'S	IGNATURE	
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	O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Paginal by the hospital ar attending physician.	O FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral direction
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71		CEASED NAME FIR	John	Michael		ommel Sr.	april 22.	DAY YEAR	1860 M		
	3. SE	Male	4 RACE	/hite	5. DATE 0		6 AGE (IN YEARS LAST BIRTHDAY) 64 YRS		HOURS MIN.		
2	7a. BI	Ohio		S.A.	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	PRATIMORE CITY OR COUN WICOMI CO	TY OF DEATH	MD.		
4	Sal	isbury	Peni	WE OF HOSPITAL, NURSI OT IN SUCH FACILITY, GIVE STREE Insula Gener	al Hos		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Draperies	12b. KIND O INDUSTRY	F BUSINESS OR		
00	٨		OME OR OTHER INST COUNTY COMICOMICO	o Salisbur	PE ADMISSION) VN Y		136 STREET ADDRESS / ZIP CO 186A Cloverdal	e Street	21801		
		John John	*M **	Homm		15 MOTHER'S MAIDEN NAM	WIDDIE	sborn LAS			
		VAS DECEASED EVER IN U (ES NOOR UNKNOWN) (IF				186 Cloverda	y L. Hommels (W. le Street, Salisbu	ife) iry, Md. 2	21801		
		18 CAUSE OF DEATH LEN PART I. DEATH WAS C	ter only one co AUSED BY: EDIATE CAUSE			Cardiac an	Lesn	BETWEEN	MATE INTERVAL DNSET AND DEATH		
	NO	Conditions, if ony, whi gave rise to immedia cause (a), stating f underlying cause la PART 2. OTHER SIGNIFIC	ch te he DUE	TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE CONTRIBUTING TO	ence of		INAL DISEASE OR CONDITION C		asta		
9	CERTIFICATION	19a DATE OF OPERATION	196	CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	ES, WERE FINDIN FIFYING CAUSES YES [
7	-	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX	OF DEATH HO	TIME OF INJURY DUR A.M. MONTH D P.M.	AY YEAR	21c. HOW INJURY OCCURR	YES NO YES NO NO				
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE [PLACE OF INJURY HOME, STREET FACTORY OFFICE	FARM ETC)	21f LOCATION STREET	CITY OR TOWN	COUNTY	STATE		
		22a.1 certify that (1) (this saw the deceased of above, (1) (we (idid) (a 22b. SIGN	ve on	nded the deceased from 19 ne body after death.	, 01	nd that in (m) (aur) opinion a	to 4 - 22 Jeoth occurred on the date and h				
7	,	226 PHYSICIAN'S NAME	(TYPE OR PRINT)	San al		ATTENDING PHYSICIAN 222e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	4.22			
	23a B	URIAL, CREMATION, REMI Burial		7½5/1986 W	NAME OF C	EMETERY OR CREMATORY o Memorial Par	,		aryland		
4	24 FL	NERAL DIRECTOR Hölloway Fun	eral Ho	me, P.A.,	lisbury	, Maryland AP	R 25 1986				

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		1	500	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 5 5 5												
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1 - 0	4010		CEASED NAME	FIRST		MIDDLE			LAST			2a. DATE KN	REG. NO		DAY YEA	R 2b. HOUR
	3. 5. 5. 5. T.	(11	PE OR PRINT)	JUAN	TA Ma	nious		HU	FFER			OF E	:211- =	1 4	17 19 81	6 M
	HOUSE STREET	3. SE	K	4 RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YEA		DER 1 YR.	IF UNDER		2c. DATE	:D	MONTH	DAY YE	AR 2d HOUR
	S NEGSSARY, PLASE FUNERAL DIRECTOR. E.S-FOR YOUR FILES. ID WITHIN 72 HOURS W. PRESTON STREET,	/	Female		11-5- 1	924	61 YR	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DATS	HOOKS	MIN	DEAD		4	17 198	6 4:30
	PESSA ERAL PHIN YEST	70 B	RTHPLACE (ST DREIGN COUNTRY) Marylar	ATE OR	76 CITIZEN OF W	HAT COUN	ITRY?	MARR	ED NE	VER MARR	IED 🗆	9 BALTIMOR	E CITY C	OR COUN	ITY OF DEATH	7 115 11
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21201	F ANY DELAY IS NEC AND 3 TO THE FUN RETAIN PAGE S-F SHOULD BE FILED W RECORDS 228 W.	13a 3	Marylar	nd Wic	omico	113c CITY	ortown	,	13d. INSIDE C	NO 1		et address		Rt 3	294 2	1875
1	TOWN TOWN	14. F	ATHER'S NAME	1940.39	MIDDLE		LAST		IS. MOTHE	ER'S MAIDE	EN NAME	MIDD	LE	7.17	LAST	
1	- OF SES	9	Willia		ester	Man	ious			1ma	756				Smith	
	PAN /	. (ES, NO, OR UNKNO		E WAR OR DATES)		CIAL SECURITY		17. INFOR				ADDRESS			
	PAG C	Ye		Nurse C		1	12-256	5	Alfre	d C.	Huff	er,Jr.	See	Sec		
	MAN TO WAR		18 CAUSE O PARTIDE	F DEATH (Enter of ATH WAS CAUS	only one couse per line										BETWEEN OF	NATE INTERVAL
5	ZEGENE A			IMMEDI			ioscler		card	lovas	cula	r disea	ase			
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	AND AND AND AND	1	PART 2 OTHER SH	GNIFICANT CONDITION	(C)	BUT NOT RELA	ATEO TO THE TERMI	NAL DISEASI	OR CONDITIO	N GIVEN IN PA	PT tio					
	BE EXECUTE ENDING: IN WEDICAL EX AS A BURIAL ALTH AND M CREMATION	Z									iki i (de					
SHOULD	INEF /	CERTIFICATION	19a. DATE OF	OPERATION	19b. CONDI	TION FOR	WHICH OPERA	MIONE	AS PERFOR	MED?	1	in a			BODY YES T	only No l
	AENCE ENCOMENTE OF SERVICE SER	7 5		L CAUSE WAS	21b. TIME OF		DAY YEAR	21c H	OW INJURY	OCCURRE	D LENTER N	ATURE OF INJURY	IN ITEM 18	PART 1 OR PA	ART 2)	
	ARTA OUT	13		NG CAUSE O	F DEATH P.M		19				74.3		4			
	HIS CERTIFICATE SHARITING THE WORL ARDED TO THE CH ARGE 3 SHOULD BE L ATE DEPARTMENT C	MEDICAL	214 INJURY C		21e PLACE (OF INJURY			CATION		100	CITY OR TOWN	0.00	co	YINU	STATE
SIH		1	AT WORK	NOT WHILE	u										Carrie	
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	AHAMA -		SIGNATURE.	1	100 M	1	_	M	.D.Assi	stant	MEDI	CAL EXAMIN	ER	SIGNE	ED 4-1	8-86
	TO MEDICAL EXAMINER: TO EXECUTE THE CARTHICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PARTER DEATH, WITH THE STABALLMORE, MARYLAND, 2	1	EXAMINER'S	NAME Ann	M. Dixon,	M.D.			ADDRESS_	111	Penn	St., 1	Balto	D., M	D 212	01
	524544-	23a.E	URIAL, CREMAT	TION, REMOVAL	23b. DATE	23c. 1	NAME OF CEM					CATION		COLL	INTY	STATE
4	BP		Burial		2-20-198	6 Wi	comico	Mem	orial						o, Mary	land
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	8 w E	R-VI	TYPE OR PRIN	Is.	546		JACKSON		04	11 86	035
	may b page r deat		2.054	3.	4 RACE	- 1	-	4 ACE COLUE	IS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24HRS
	te		3 SEX	Λ	4 RACE		DATE OF BIRTH MONTH DAY YEAR	O. AGE (INYEAR	SLASI BIRTHDAY	MONTHS DAYS	
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1	d.r.	X /	Ta. BIRTHPL	ACE (STATE OR FOREIGN	Th CITIZEN OF WHAT CO	DUNTRY?	MARRIED NEVER MARRIED	9 BALTIMOR	E CITY OR COUN	TY OF DEATH	
	Jeen 72 hera	7	COONINT	Georgia,	11.5.		WIDOWED DIVORCED	· GIII.	comie	0	MD.
	after d	\$	IO CITY OR	TOWN OF DEATH	11. NAME OF HOSPITAL		HOME OR OTHER INSTITUTION	12a. USUAL O			OF BUSINESS OR
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ac .		of X	띹		/			YES []	NO DIN CEI	RTIFYING CAUSE	S OF DEATH UV
¥	Al ica ica ica		21a /	CCIDENT WAS UNDERLYING	7 216. TIME OF INJURY	,	21c HOW INJURY OCCU				NO TIMELLY.
>	IYSICIAN physician is certifica al-transit ental Hyg	Item 7	0000	INTRIBUTING CAUSE OF DE	EATH HOUR A.M. MO		YEAR	(2.112.11.11.11		,	
2	PHY:	5	9	HER, NOTIFY MEDICAL EXAMINE			19				
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DIVISION OF	DIN tten Aft s the	marked or	AT WO	RK NOT WHILE			27 HA 24	11	14	0.	
-	or a OR: Se as	.09	22a.1	certify that (I) (this hosp	oital) of ended the deceas	ed from	2 1000 8 19	, to	- 11 -	19 86	, that (1) (we) lost
	ATT ATT CT OF H	m 21	5	the deceased olive o	ot) view the body ofter dec	19_0	ond that in (my) (our) opinion	n deoth occurred	on the date and l	hour ond from the	e couses stated
-	hosp DIRB Dept.	Ite		IGNATURE	or view me body oner dec	/tti.	DEGREE			22c. DATE	E SIGNED
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Village 1142

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24 FUNERAL DIRECTO

(VRA 15. 4)

STATE OF MARYLAND

Millsboro, Del.

2h HOUR

12h, KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

7:10 A M

5 1986

INDUSTRY

Brickhouse

Millsboro. Del.

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

COUNTY

22 DATE SIGNED

YES |

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STATE OF MARYLAND

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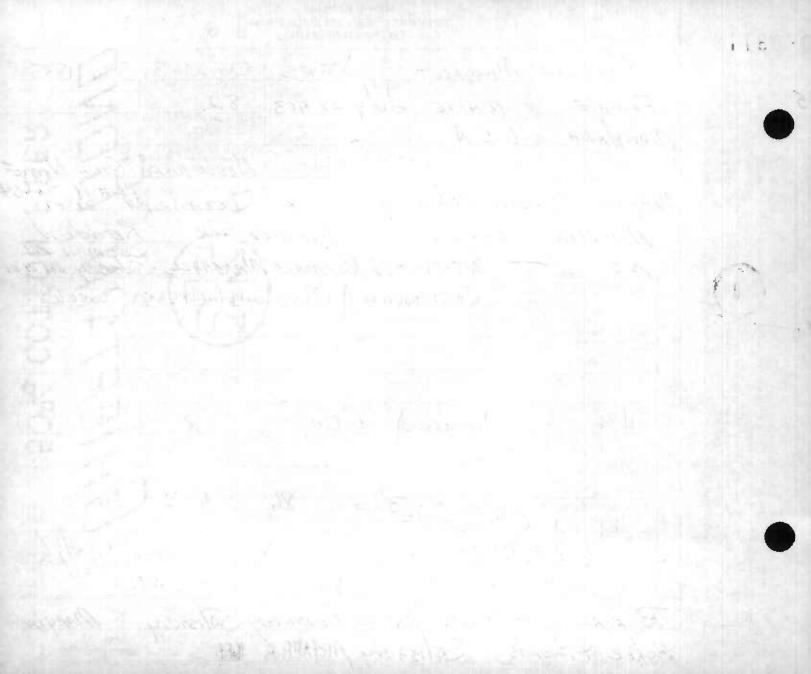
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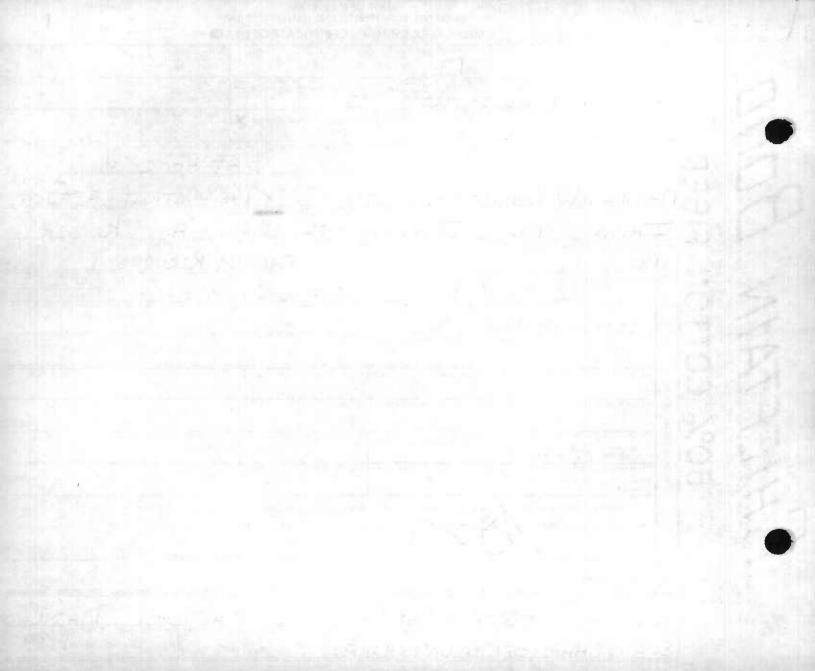
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1 15 30		COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED WEVER MARRIED WIDOWED TO DIVORCED	BALTIMORE CITY OF WICOMICO	COUNTY OF DEATH
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requires	NOIL	Reve	I foilue	DEATH BUT NOT RELATED TO THE TERM		
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TO HOSPITAL TOFUNERAL Should be det with the Stote	120 5	GRAIG J. S.	SCHAFFER	560 RIVER	SIDE ROA	D SALISBURY
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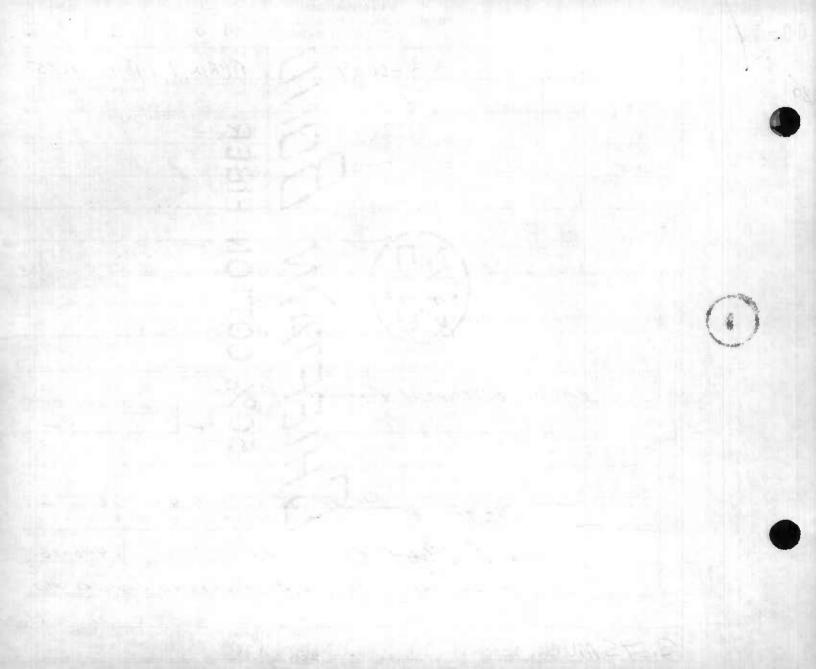
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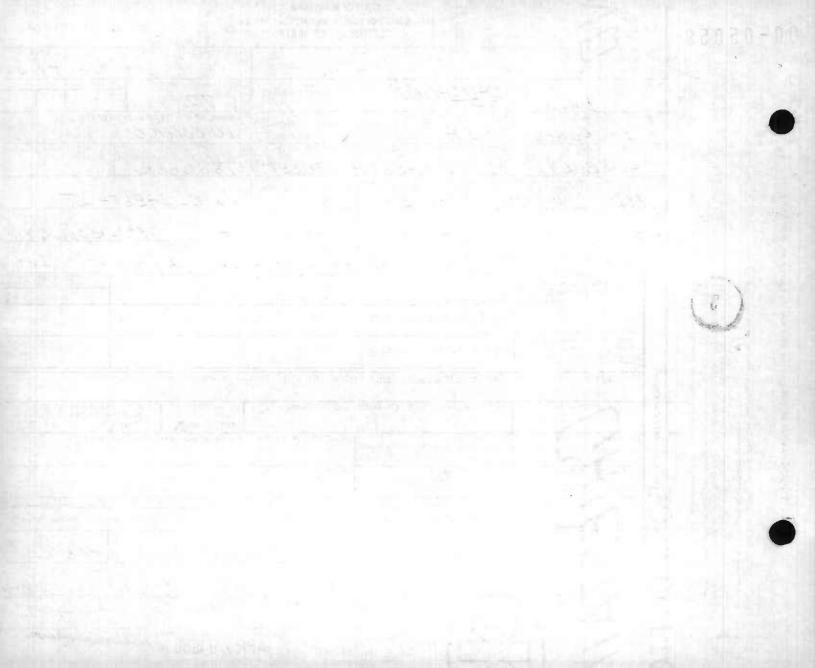


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	大型型品	11	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE)	OR INDUSTRY
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		\vdash	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)	APPROXIMATE INTERVAL
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0	TE SHOULD BE EXE WORD "PENDING HE CHIEF MEDICAL DE USED AS A BL ENT OF HEALTH AP D BURIAL, CREMAN	CERTIFICATION		
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DI V	S CE RDE SE 3	X	WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUR	NTY STATE
	INER: THIS CERTIFICATE: (CATE, WRITING THE WO F. FORWARDED TO THE TOR: PAGE 3 SHOULD B THE STATE DEPARTMENT AND, 21201 PRIOR TO B		THE WORK	
	E EXAMINER: E CERTIFICATE DUID BE FOR 1 DIRECTOR: H, WITH THE S MARYLAND,		22a. I certify that I taok charge of the Amains described above, held on Autopsy 🗓, Inspection 🔲, Inquiry 🔲, and in my api	nian
	MAN THE		death resulted from: Natural courses Accident , Suicide , Homicide , Undetermined monner ,	
	CERT CERT WAR		TITLE (SPECIFY)	
	AHOHEN"-	1	ACTUAL SIGNATURE	4/27/86
	DEA STATE			
	A D W B E		EXAMINER'S NAME (TYPE OR PRINT) Gregory R. Kauffman, M.D. ADDRESS 111 Penn St.	
	TO MEDICAL EXAMI EXECUTE THE CERTIF PAGE 4 SHOULD BE TO FUNERAL DIREC TO FUNERAL WITH BATTIMORE, MARYL	23a.B	URIAL, CREMATION, REMOVAL 236 DATE 231. NAME OF CEMETERY OR CREMATORY 23d. LOCATION AIT OR TOWN COUNT	TYSTATE
07/B4	12/1	1	SURIAL 4-29-1984 OAK LAWN BALTIMORE	MARYLAND
25M	DHMH - 17	24 F	UNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SI	GNATURE.
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ECO	W.C	beer mit.	ony	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR V	VHICH OPERATIO	WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIN	DINGS USED
AL R	The L	e has	èX.	RIF					YES NO	YES	NO 🗆
FVII	IAN.	ificot troni	£9:		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		H DAY YEAR	21c. HOW INJURY OC	CURRED (ENTER NATURE OF INJUS	RY IN ITEM 18, PART 1 OR PART	2)
ONO	YSIC	s cert ourial	r Hen	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19	211. LOCATION			
DIVISION OF	NG PHY offendi	fter this as the b	orked o	WE	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	STREET	CITY OR TOW	VN COUNTY	STATE
18.00	N la	DR: A	is m		22a. I certify that (I) (this hospi saw the deceased alive on	tal) attended the deceased				pril 19 86	_, that (l) (we) last
	ATT	ECTC ed for	m 23		abave, (I) (we) thirth (did no	t) view the bady after death		DEGREE	nian death accurred an the do		TE SIGNED
	AL OR	AL DIR letoch ite Dep	T. # #e		2 &	20/I.		ATTENDIN	IG MEDICAL STAF	FF.	8/8c
	HOSPIT,	JNER J be d	TAN		22d. PHYSICIAN'S NAME (TYPE O	-/		22e ADDRESS			
	O HOS	Shauld be de- with the State	MPO			, Ma-tin, n			Oivision 5	+., Julist	bung ME
	F 5			23a (BURIAL, CREMATION, REMOVAL SPECIFY) Burial	23b DATE 5/1/1986	All Sair	ts Cemetery	Wilmingto	n, New Cast	tle, Dët.
DI	MH-16 (VR A	60M 1/7; 15 (4))	3	24. F	Holloway Funero	al Home, P.Auga	Salisbury	, Maryland 50.	APR 29 1986	25b. REGISTRAR'S SIGN	Allendon



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02118		FOR 4/21/8 STATE REGISTRAR	16 D1	72.	DEPA		EALTH AND ME		0	6 EG. NO.	1 6) ~ ~
ge 3		ASED NAME	FIRST	A &	MIDDLE 171	N L	EWIS	455	2a DATE OF DE		DAY YEAR 2, 1986	26. HOUR 1455 M
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the physical series	П	8 CAUSE OF DEATH PART I. DEATH WA		8Y:	er line for (a), (b),		de '	BRAIL	Dent			IMATE INTERVAL ONSET AND DEATH
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OF VITAL CLAN: Th 3 physicio serificate i clid-transit ntol Hysis		TO ACCIDENT WAS UNDI	AUSE OF DEATH	HOUR A		DAY YEAR	21c HOW INJU	JRY OCCURRE		OF INJURY IN ITEM 18		NO []
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0 o o o o o o o o o o o o o o o o o o o	23a BU	RIAL, CREMATION, F	REMOVAL	23b DATE	SPENC 12		EMETERY OR CRI	EMATORY	23d. LOCATIO	E OH	COUNTY	STATE
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(VRA 15, 4)	L	Urd. 1	HUL	JIVUS	2184	יוטטכ	11114	DR B	18 9	Mar Carrier	A. C. C.	3

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MANAGERIAN HANNAM YOUNG THOUGHAND Confine and the confine of the confi Later Control of the FOR

DHMH - 16 60M 7/B4

(VRA 15, 4)

SALISBURY ML 21801 230. BURIAL CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b. DATE ITY OF TOWN Salisbury Wicomico Maryland BY REGISTRARY S. REGISTRAR'S SIGNATURE 1986 Guna Dandon Andreas burial Parsons Cemetery 24 FUNERAL DIRECTOR 25a. DAYE REC'D Homer L. Disharoon Box 678 Laurel Del 19956

STATE OF MARYLAND

2h HOUR

17h, KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

INDUSTRY Insurance

YES [

COUNTY

STATE

000 M

			STATE OF MARYLAND	
02102	1.	FOR STATE REGISTRAR	CERTIFICATE OF DEATH REG. NO.	2641
J U Z		CEASED NAME FIRST	MIDDLE LAST 20 DATE OF DEATH MONTH DAY	YEAR 26 HOUR 10 54 M
4 may be tor. page offer deat	3. SE	Female	4 RACE S. DATE OF BIRTH MONTH POAY OFAR (NYEARS LAST BIRTHDAY) IF	UNDER 1 YEAR IF UNDER 24 HRS
197	7a B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED WICOMICO	F DEATH
3 ()		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE DE MOORK FOR MOST	12b. KIND OF BUSINESS OF
The state of the s		AL RESIDENCE (IF NURSING HOME O	R OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) NTY 134 CITY OR TOWN 134 IN SIDE CITY LIMITS? 13 STREET ADDRESS / ZIP CODE	SAN HOME
125/	14 F	ATHER'S NAME	MODIE DO LASI C AND 15 MOTHER'S MAIDEN NAME MIDDLE M	HAS AND
and control of the co			UORIGAN MARGANET MI RMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS VEWAR OR DATES) 076-26-4885 FLORENCE SONNIER SEE	Sec 13
m'	-	18 CAUSE OF DEATH IEnter of PART I. DEATH WAS CAUSI	nly ane cause per line far (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
U			DUE TO, OR AS A CONSEQUENCE OF	1 mmediato
he deat maybe mapper		Conditions, if ony, which gave rise to immediate couse (a), stating the	1 (b) coronary artery disease	years
ned by t piense r unal, cre		underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF C. Smile from (c) Chronic and C. Smile from CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN	years
w require	ATION	COPD 190 DATE OF OPERATION		VERE FINDINGS USED
See S	CERTIFICATION	The Late	YES NO YES	G CAUSES OF DEATH?
PHYSICIAN: The ending physician this certificate he burial-transit and Mental Hygies die m. 3 should an endine metal should be should		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	R) P.M. 19	1 OR PART ?)
OING PHY:	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 211. LOCATION STREET CITY OR TOWN	COUNTY STATE
TENI TOR or us 21 is		saw the deceased alive of	ital) attended the deceased from	tha (1) (we) last
0 - 5 - 5 -		22b. SIGN	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	221. DATE SIGNED 4/2/86
HOSPI bined b FUNE build be with the S		Charles B, S	OPPRINT) 1/VIA Jr MD S40 RIVUSIDE Drive S	alishony und
BP	23a	BURIAL, CREMATION, REMOVAL		ere ma
DHMH - 16 60M 7/B4 (VRA 15, 4)	24 F	SAME A BOUL	VOS SALISADRESS VIMO POPO ANDE LE K. LA	R'S SIGNATURE

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05512	1.	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 6 1 2 5 0 CERTIFICATE OF DEATH								
		CEASED NAME FIRST	MIDDLE	L	AST	20. DATE OF DEATH	MONTH DAY YEAR	26 HOUR			
1 74	{ I YPE	Allen	D	Mary	00 2	april 21	1986	10219 M			
0.4	2.36		4. RACE	5. DATE C	F BIRTH	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR				
44	1	Male	white	MONTH		0.0	MONTHS DAYS	HOURS MIN.			
400	Zo Bi		76 CITIZEN OF WHAT	Oct.	24, 1893	9 BALTIMORE CITY O	YRS. R COUNTY OF DEATH				
26	2	COUNTRY)		MARRIE	NEVER MARRIED	Wicomico	<u>R</u> COOM TO TEAM				
10/		aryland	USA	WIDOWE	DIVORCED DIVORCED	12a USUAL OCCUPATION	ONL THE WINDS	MD,			
011	7	lisbury		General Ho			F WORKING LIFE) INDUSTRY	OF BUSINESS OR			
100	10				opicu.	retired	Merchant	700			
101		AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION GIVE RES	TY OR TOWN	113d, INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE				
30	Ma	ryland Worce	Poc	lomoke	YES NO	613 Waley	t Street	21851			
An	14 F/	THER'S NAME	whole	1467	15 MOTHER'S MAIDEN NA	AME					
11	Y	FF	ilmore	Morrill	Harriot	+ Elizab	oth Ch	the			
8 /		VAS DECEASED EVER IN U.S. AR		OCIAL SECURITY NO.	17. INFORMANT	ADDRE	3 Winteron	Hers Dr			
1		YES, NO OR UNKNOWN) (IF YES GIV	E WAR OR DATES)	0-32-1313	Allen D. Me	Hill Jr. H	Romake City	, Md.			
THE N		8 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE	ly one cause per line fai	rial, (b), and ic)	01	0	APPROX BETWEEN	ONSET AND DEATH			
4	/		TE CAUSE (a)	ordead	ere ho	the	Min	nut			
~		Called to the	DUE TO OR AS A	CONSEQUENCE OF	00	1 1	11				
9 1	1	Canditions, if any, which	(1b) (0	-11 m	readel &	-late	Na	ser			
	1	gave rise to immediate cause (a), stating the	DUE TO OBASA	CONSEQUENCE OF			100	4 30 11			
5 4		underlying cause last	100E 10, OK AS	e les	Con-		45	en			
0 0		PART 2 OTHER SIGNIFICANT O	CONDITIONS CONTRIB	UTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PART I	initia di la constanti di la c			
do b	Z					THE PIOLITICE ON CONS	DITION ON ENTRY IN				
11:1	ATION	19a DATE OF OPERATION	196 CONDITION F	OR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206 IF YES, WERE FINDS	NGS USED			
2 2-	10	0.1323944					IN CERTIFYING CAUSES				
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1 2	4 3	OR CONTRIBUTING CAUSE OF DEA		ONTH DAY YEAR	I TO WINGON OCCO	(ENIEK NATUKE OF INJUR	TELIN TEM TE PART (OK PART 2)				
11/	CA	(IF EITHER NOTIFY MEDICAL EXAMINER		19							
2 0	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJ	URY TORY, OFFICE FARM, ETC.)	21f LOCATION STREET	CITY OR TO	wn COUNTY	STATE			
0.9	1 4	WHILE NOT WHILE			1						

saw the deceased alive an abave, (I) (we) (did) (did not yew the bady after death. and that in (my) (aur) apinion death accurred an the date and have and from the causes stated DEGREE IMPORTANT, II IN ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS JOHN 6 GREEN m.D. QUINCY & LOCUST SALISBURY 57 231 NAME OF CEMETERY OR CREMATORY 23a. BURIAL 23b. DATE

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. A should be detected for use a with the State Dept. of Health

BUF101 24 FUNERAL DIRECTOR

210.1 certify that (1) (the haspital) attended the deceased fram

m0 2180

_, that (IT (we) lost

224. DATE SIGNED

250 DATE REC'D. BY REGISTRAN 250 REGISTRAN'S SIGNATURE

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- 202	Z	FIRST	MIDD		LAST			ER'S MAIDEN NA FIRST	WID	OFE		LAST	
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KASES -	16a. V	(AS DECEASED EVER IN U.S.S. NO, OR UNKNOWN) (IF YES.	GIVE WAR OR		166. SOCIAL	SECURITY NO). 17. INFOR	MANT		ADDRESS			
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N N N		18. CAUSE OF DEATH (Ente	er anly ane	couse per line f	or (o), (b), one	d (c).)						APPROXIMATE	
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÷ 5 5		OUNTRY)				MARRIE	NEVER MARRIED	5 BALTIMORE CITT	OK COOM IT C	PDEATH	
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low a low a prior	OA	IN DATE OF OP	ERATION	MYCONDI	TION/FOR WHIC	H OPERATIO	WASTERFORMED	AUTOPSY?	206. IF YES, '	WERE FINDINGS I	USED DEATH?
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TTEN TOR For up		sow the dec	eased olive on	t) yiew the body	19_	or or	d that in (my) (our) opinion	death occurred on the	date and hour d	and from the cause	es stated
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v requires that the death certificate be executed within 2 in signed by the attending physician and completely fill hen please remove carbon papers. Pages 1 arthy should to burial, cremation, or removal. If injury, or other traumatic event, the medical examine the injury, or other traumatic event, the medical examine the real places.	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT C	(c)	NSEQUENCE OF	NOT RELATED TO THE TEL	RMINAL DISEASE OR CON-	DITION GIVEN IN PART I	₹(01
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	STATE OF MARYLAND
FOR	DEPARTMENT OF HEALTH AND MEN

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

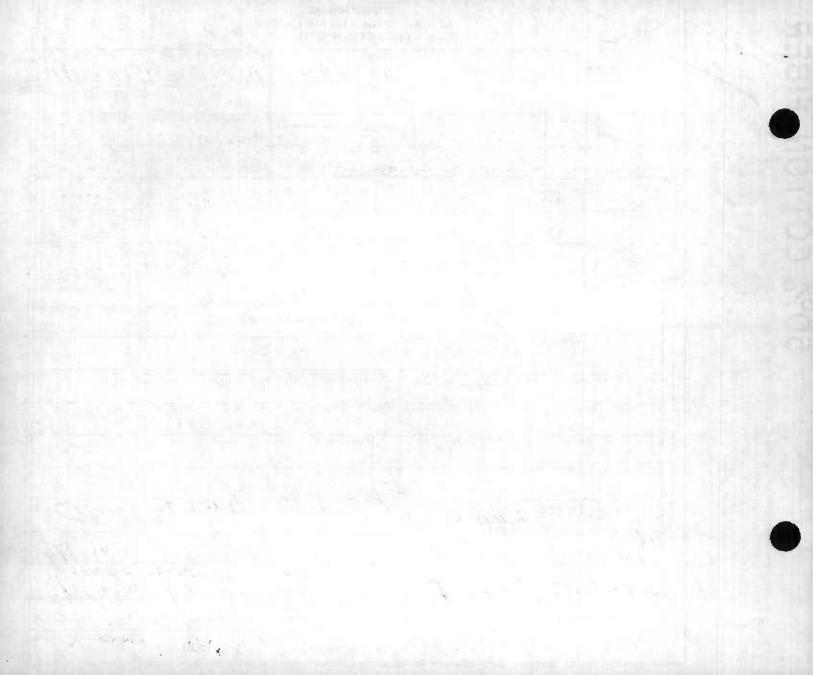
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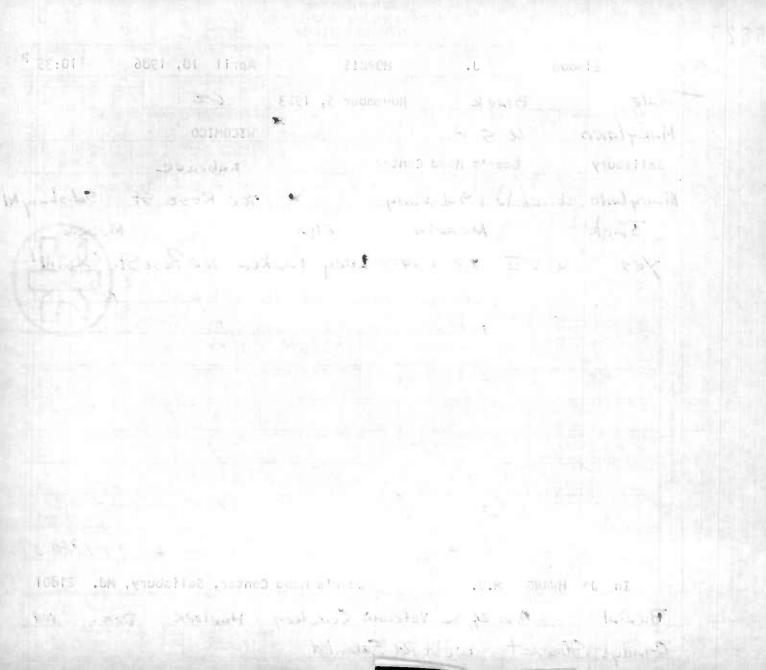
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1	7a BIRTHPLACE MAIL DRIVEN N	76 CITIZEN OF WHAT COUNTR U.S.A.	MARRIE		Wicomico	COUNTY OF	DEATH	MD.
1	Salisbury	11. NAME OF HOSPITAL, NUR: (IF NOT IN SUCH FACILITY, GIVE STR	reet ADDRESS)		12a USUAL OCCUPATION OF MECHANIC		Auto	BUSINESS OR
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DHMH - 16 60M 7/B4 (VRA 15, 4) Holloway Funeral Home, P.A., Salisbury, Maryland

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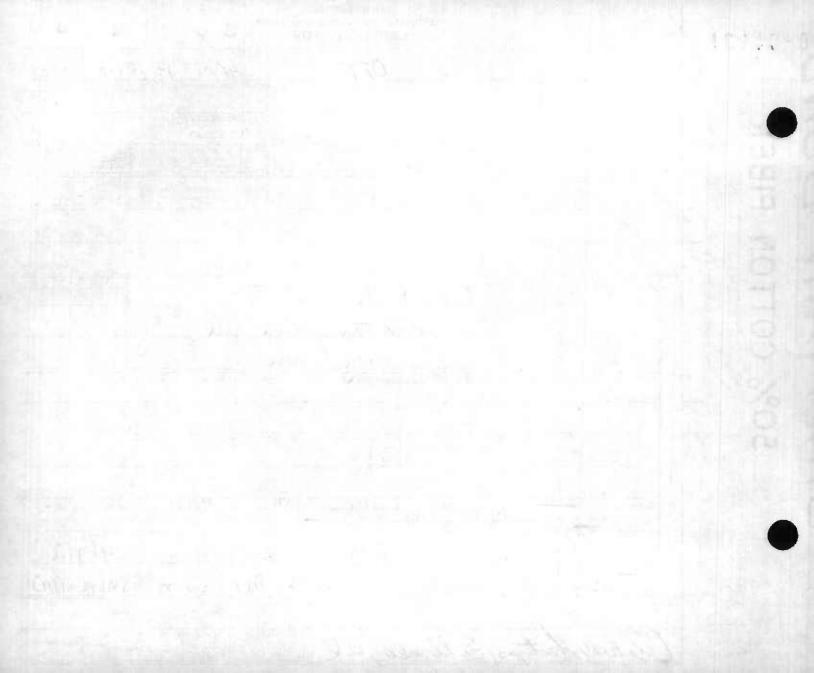
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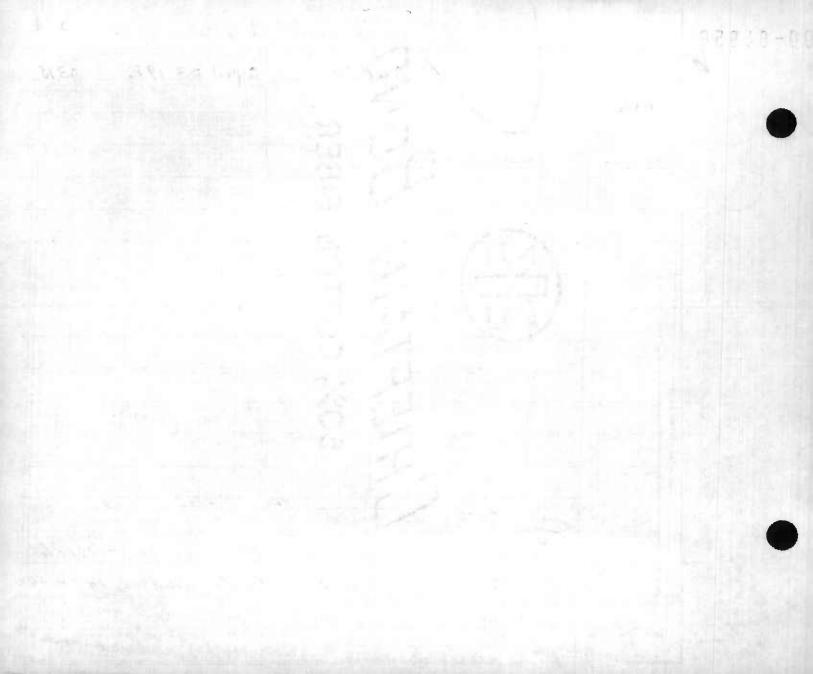
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DICAL EXAMINER:	EXECUTE THE CERTIFICATE, TO FUNERAL DIRECTOR II. AFTER DEATH, WITH THE S. BALTIMORE, MARYLAND,		220 Certify that death resulted from ACTUAL SIGNATURE	m: Noturol	couses 🗓,	Accident	, Sui	Autop	Homico	PECIFY)	Undeter	Inquiry	onner	DATE SIGN		4 - 30-	-86
OWE	PAGE TO FU		(TYPE OR PRINT)	John			y, M.I						Mary.	land			
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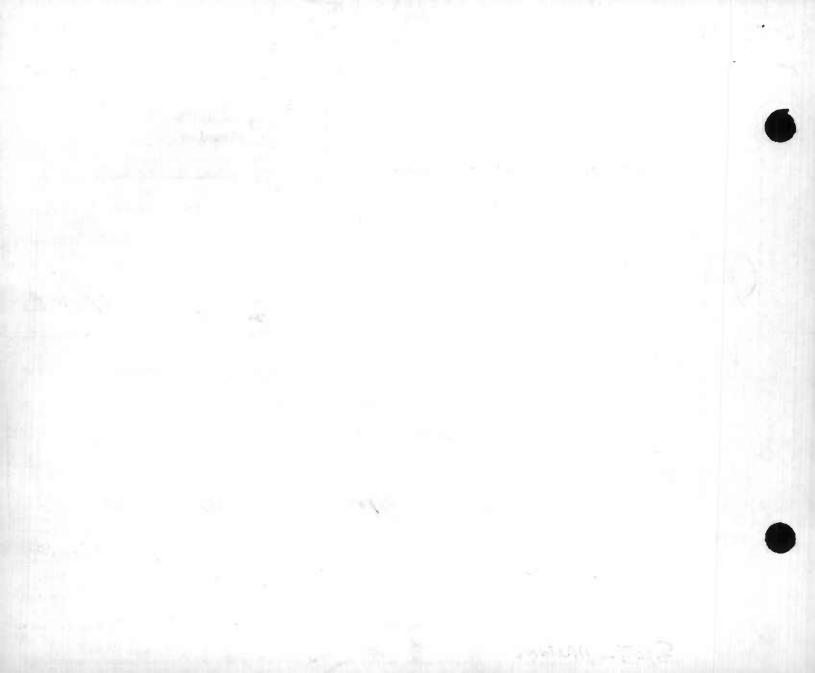
STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR 1. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) Virginia Eugenia Parsons DEATH MATED 4 RACE AGE (IN YEARS IF UNDER 24 HRS DATE PRONOUNCED April 86 White Mar DEAD 9 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY) Penn. U.S. Wicomico IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS New York Avenue Housewife Salisbury OWNHOM Salisbury 13d. INSIDE CITY LIMITS? 215 New Maryland Wicomico 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME John Hornsby Eugene Hancock 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 217-07-2815 Mary Nichols, 111 Parsons Road 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Cardiac Arrest min. DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which Arteriosclerotic Cardiovascular Disease ? years gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO NO 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART) OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME. 71d. INJURY OCCURRED 21f LOCATION STREET, FACTORY, FARM, ETC.1 CITY OR TOWN WHILE AT WORK X 220. I certify that I took charge of the remains described above, held on Autopsy death resulted fram: Natural causes Accident Suicide Hamicide L Undetermined manner TITLE (SPECIFY) DATE 4/16/86 Deputy EXAMINER'S NAME Thomas C. Hill Jr. ADDRESS Pine Bluff Rd., Salisbury. Md. 23c. NAME OF CEMETERY OR CREMATOR **DHMH - 17** (VR A15 ME (5))

vente settes in 1 1 ve the principal and the principal and the Month and the state of the sta LIVE T- 315 Mary Michala, 111 Parsons Sond greet t beans, minecevaling siderolosothers The a St Hill Jr. - Mine Stuff Rd., Soldainty, 1981 HARRIE RESIDENCE AND A CONTRACTOR OF THE PROPERTY OF THE PARTY OF THE the second of th

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH-REGISTRAR DECEASED NAME 20 DATE KNOWN IX 2b HOUR (TYPE OR PRINT) ESTI-DEATH MATED Stanley Paulding 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED 15.1916 DEAD Male White 70 YRS 24 186 11705 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED TO NEVER MARRIED U.S.A. BROCKTON, MASS. WIDOWED DIVORCED Wicomico 12b. KIND OF BUSINESS Salisbury Peninsula General DRAFTSMAN FED. GOVT. Hospital 13d INSIDE CITY LIMITS? 13e STREET ADDRESS PERSFERRY RD. 21239 BALTIMORE MARYLAND 15 MOTHER'S MAIDEN NAME MIDDLE JASON PAULDING CHLOE HOLMES 16b. SOCIAL SECURITY NO. 17. INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 010-16-9356 W.W. BARBARA E. PAULDING BALTIMORE, MD212 YES 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Cardiac Dysrhythmias hrs. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which Arteriosclerotic Cardiovascular Disease gove rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IG CERTIFICATION 19s. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO KI 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME, 21f. LOCATION CITY OF TOWN COUNTY STATE WHILE AT WORK Inspection X 220 I certify that I took charge of the remains described above, held an Autopsy Natural causes XX death resulted Iram: Homicide Undetermined monner TITLE (SPECIFY) 4-24-86 DATE Deputy MEDICAL EXAMINER EXAMINER'S NAME John T M.D. ADDRESS Salisbury. TYPE OR PRINT APRIL29, 86MARYLAND VETERANS GARRISON FORREST. 07/84 BP 24 FUNERAL DIRECTOR **DHMH - 17** Their Davidson- Mandare JOHNSON 8521 LOCH RAVEN BVD (VR A15 ME (5))

STATE OF MARYLAND

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201		OR ATTENDING PHTSKLAN: The law requires that the death certificate be extracted in attending physician.	DIRECTOR. After this certificate has been signed by the attending physician and compliment filled in a the partial partial page 3	iched for use as the burial-transit permit. Then please remaye carbon papers. Pages, and 3 shall be the

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II CAUSE OF DEATH Enter only one cause per line for 101, 161, ond 101 PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) CONCENSATION OF A CONSEQUENCE OF INVALVIA DISEASE ON CONTRIBUTION OF A CONSEQUENCE OF INVALVIA DISEASE ON CONTRIBUTION OF A CONSEQUENCE OF INVALVIA DISEASE ON CONTRIBUTION OF A CONTRIBUTION OF A CONSEQUENCE OF INVALVIA DISEASE ON CONTRIBUTION OF A CONT	ed co		VAS DECEASED EVER IN I	FYES GIVE WAR OR DA	CES? 16b. SOCIAL SEC	URITY NO.	17 INFORMANT Bro	ther A	DDRESR.D.	1, Box	189
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OS CONTRIBUTING CAUSE OF DEATH FURTHER NOTIFY MEDICAL EXAMINER) P.M. 19	quires that the death certi- signed by the attending F the please remove carbon to ben'id, cremation, or ren njury, or ather traumalic ev	NOI	Canditions, if ony, w gove rise to immed cause (a), stating underlying couse I	DUE 1 hich (tote the ast.	(O, OR AS A CONSEQUENCE) (O, OR AS A CONSEQUENCE)	Janears CONDITION GIVEN	N IN PART 1 a				
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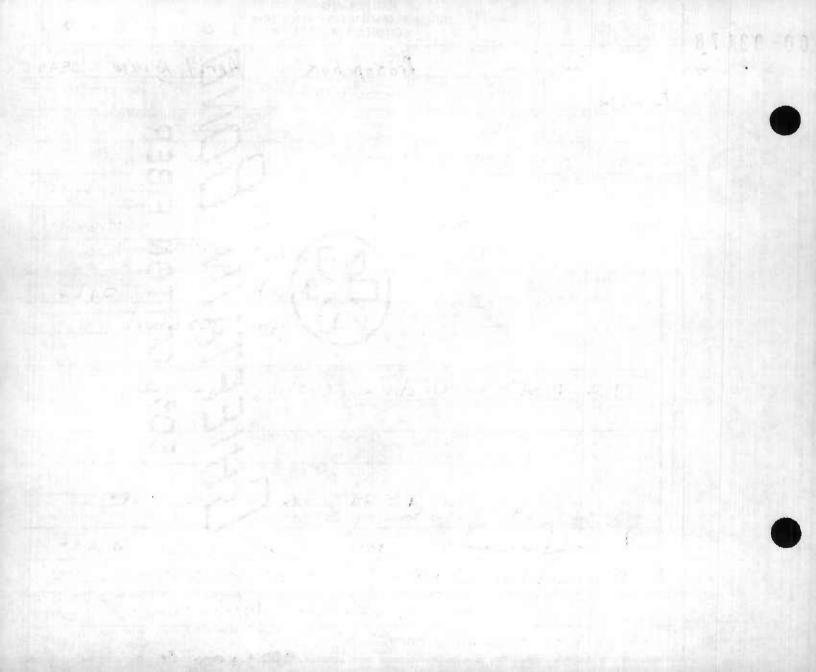
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ge 4 may ector. pag rs after de	3. SE			4 RACE White		5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YE	EAR IF UNDER 24 HRS
or of of	7a BI	RITHPLACE (STATEORE COUNTRY) Krane		U.S		WIDOWE		9 BALTIMORE CITY OR COUR WICOMICO	NTY OF DEATH	M M
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s. Pages		VAS DECEASED EVER YES, NO OR UNKNOWN)		MED FORCES?	206-26-8		Same as #13	Prokopchuk (Hus e		
physicial inpapers. smoval.		18 CAUSE OF DEATH PART I. DEATH W	AS CAUSE	nly one couse per D BY: TE CAUSE (a)	r line far (a), (b), ar	nd (c)	Shac	ch		ROXIMATE INTERVAL EEN ONSET AND DEATH
gned by the attendence please remake concerned, cremation, arry, or other trauma	7	Conditions, if any, gave rise to imm couse (0, statin underlying couse PART 2 OTHER SIGN	nediate g the last	DUE TO, O	ONTRIBUTING TO	ENCE OF	NOT RELATED TO THE TERM	DECK, ? GZ bla	GIVEN IN PART	Tho
sit permit. The	CERTIFICATION	190 DATE OF OPERAT	PE	OH. C	ITION FOR WHICH	-,	N WAS PERFORMED	200 AUTOPSY? 20b. IF	YES, WERE FIN	NDINGS USED SES OF DEATH?
to Americal transit of Americal Hygies of active 38 should be shou	MEDICAL CER	21g. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC 21d INJURY OCCURR	AUSE OF DEA	HOUR A.	.m. MONTH D .m.	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM	IS PART TORPART	2)
e os the b olth and A morked a	MEC	WHILE NOT WH	ILE	(AT HOME ST	OF INJURY REET, FACTORY, OFFICE		STREET	CITY OR TOWN	COUNTY	STATE
oched for us Dept. of He If Item 21 is	,	22a I certify that (I) saw the decease above (I) (we) (I	(this hospi d alive an io (did po	tol) oftended the	ne deceased from 19	8 C, or	nd that in (our) opinion of Out of Ou	death occurred on the date and	22c. DA	the couses stated
should be deto with the Stote		224 PHYSICIAN'S N	hac	L CLSO	ich m	0	27e ADDRESS 531 Riversio	de Drive, Salisbu	ry, Md.	21801
		BURIAL, CREMATION, I	REMOVAL	23b DATE 4/14	/1986		ary's Ukania	Abbinton Town	Pen ship, Mo	nsylvania ntgomery
H - 16 60M 7/84 VRA: 15, 4)	24 FU	Holloway F	unero	ıl Home,	P.A.,Salis	bury,	Maryland 250 DAT	E REC'D. BY REGISTRAR 25b. REC	ISTRAR'S SIGN	IATURE
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0-04050	1.	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 6 1 2 5 6 8 CERTIFICATE OF DEATH									
2 25 6/		CRASED NAME FIRST Charlotte	May	MIDDLE	Rai	iph oll	20 DATE OF DEATH	AP 15	SE 2	145 PM		
actor pol	3. SE	× Female	4 RACE White		S. DATE O	F BIRTH 18 DAY 1908 FEAR	6 AGE (IN YEARS LAST BIR	YRS (F.L.		FUNDER 24 HRS		
	PI	RTHPLACE ISTATE OR FOREIGN COLUMN PORT OF THE PROPERTY OF THE	sylvania		WIDOWE		9 BALTIMORE CITY O			MD.		
1 80	Sa	TY OR TOWN OF DEATH	Penins	cheacility, give street.	al Ho	spital	(TYPE OF WORK FOR MOST OF HOUSEWIFE		126. KIND OF I INDUSTRY			
d page	13a			GIVE RESIDENCE BEFORE 13. CITY OR TOW Salisbury	N	136 INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS Woodland	ZIP CODE	218 Elberta	01 Avenue		
122/		or. Thomas	A.	O¹Brien		Clara Clara	May		Kurtz			
Pages		VAS DECEASED EVER IN U.S. A YES, COR UNKNOWN) (# YES, C	RMED FORCES?	166 SOCIAL SECU	RITY NO.	625 Founta	. Clara May in Road, Sal	Truitt (isbury,)	Daught	er) 801		
er that the death certificated by the attending phy please remove collection provide creenings or remains or after troumditc events.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA Conditions, if ony, which gave rise to immediate cause (a), stoting the underlying cause last PART 2 OTHER SIGNIFICANT	DUE TO, C	PESPLIA DRASA CONSEQUE DRASA CONSEQUE	PATON ENCE OF	F R NEC	ck. f to.	18514.		,TE INTERVAL SET AND DEATH		
he low rithmon. On. hos been to receive the permit in the permit in the prior in the permit in the	CERTIFICATION	19a DATE OF OPERATION				N WAS PERFORMED	200 AUTOPSY? YES NO	206 IF YES, W	ERE FINDING			
HYSICIAN TI dding physicians ins certificate burial-transif Mental Hygis or Item 18 sh	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. IN JURY OCCURRED	EATH HOUR A	.M. MONTH DA	19	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUS		OR PART 2)	STATE		
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oined ould b		W. CHARL	ES B	CHAEL	FEK	SAI	ISBURY	md	2170	1		

DHMH - 16 60M 7/B4 (VRA 15, 4)

²⁴ FUNERAL DIRECTOR
Holloway Funeral Home, P.A., Salisbury, Maryland

23b. DATE

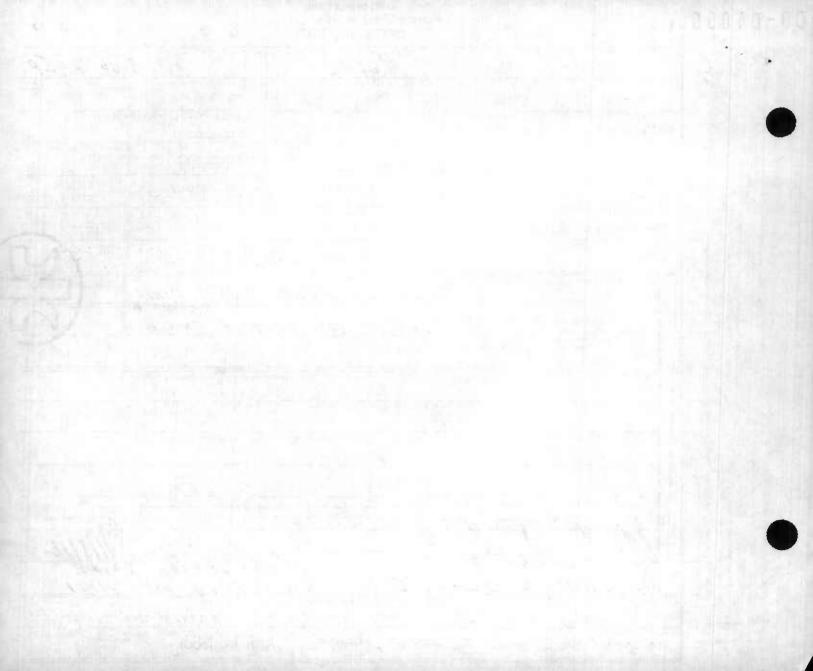
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230. BURIAL, CREMATION, REMOVAL

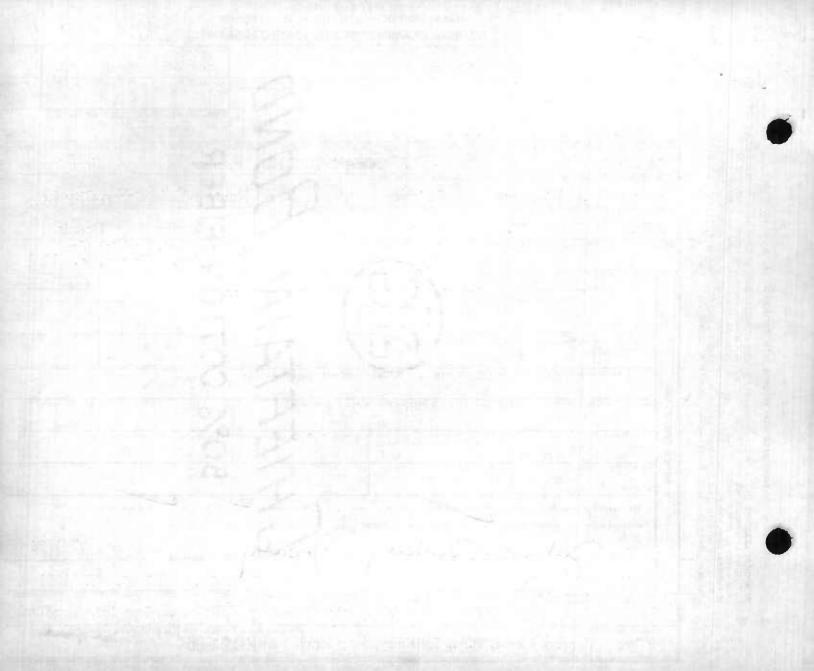
Burial

Wicomico Memorial Park Salisbury, Wicomico, Maryland

23c NAME OF CEMETERY OR CREMATORY

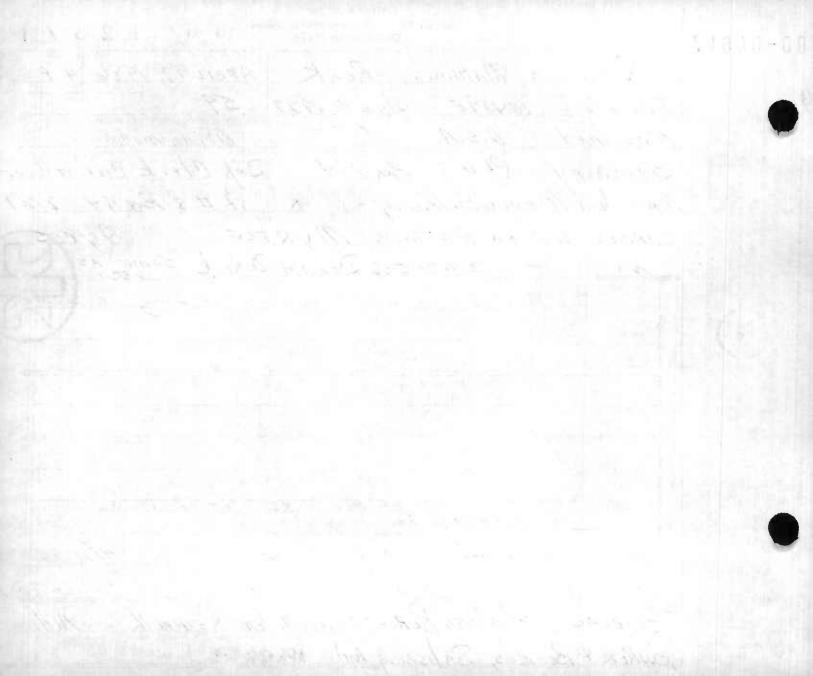


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	May Sob		CEASED NAME	,	lohn	Stat		R	eddi	sh			2a DATE OF DEATH	ESTI- MATED	Apr		YEAR 1986	2b HOUR
6	W. REA MRECTO MR FLE 72 HOLD N STREE	1.56	Male	RACE White	5 DATE OF B	DAY	YEAR L	GE (IN YEARS AST BIRTHDAY) B6 YRS.	IF UND	ER 1 YR.	IF UNDER	24 HRS.	2c. DATE PRONOUN DEAD	NCED	MONTH	DAY	YEAR	2d. HOUR
1-	SSAN CHILD	o. B	BIRTHPLACE (STATE OR		76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTRY									NTY OF				
•	学習を多く	11.7	Maryland		U.S.A. WIDOWED X						DIVORC		W	ICOM	ICO			MD
	A SAME	S	ALISBUF	RY.	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) AT HOME - OLD OCEAN CITY RD 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Farmer									_0	or industry Farming			
21201	AND THE PROPERTY OF THE PROPER				OR OTHER INSTITUTE TY Omico	ION, GIVE RES	13c. CITY OR TOWN Salisbury							d Ocean City Rd				
RE, MD.	T Comment	1	Alfred		MIDDLE .			Reddish			ER'S MAIDI ERST		Cai	rolyn			nnis	
BALTIMORE	ATER I		WAS DECEASED (ES, NO, OR UNKNOW NO		IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)			166. SOCIAL SECURITY NO. 219-14-4024			1104 Riverside Drive, Salisbu					ish (Son) ry,Md. 21801		
	TEM 18. C ONG WI PERMIT. P SENE, DI		PART I DEATH (Enter only one cause per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY: Arteriosclerotic Cardiovascular Disease												PPROXIMATI WEEN ONSE	E INTERVAL T AND DEATH		
201 W. PRESTON ST	TED WITHIN 3 XAMINER AL AL TRANSIT MENTAL HYC NI, OR REMO		Conditions, if any, which gave rise to immediate couse (a) stating the <u>under-lying cause last</u> . DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF															
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DIVISION OF VITAL	CERTIFICATE SH ITING THE WOR DEED TO THE CE 3 SHOULD BE LE E DEPARTMENT OF THE CE TO BUR		210 EXTERNAL UNDERLYING CONTRIBUTING		HOU	ME OF INJUR A.M. MC		Y YEAR	21¢ HOV	W INJURY	OCCURRE	ED (ENTER)	NATURE OF IN:	JURY IN ITEM I	8 PART 1 OR I	PART 2)		
DIVISIO	SAR ROLS	MEDICAL	21d. INJURY OF		21e PL	ACE OF IN		T HOME,	21f. LOCA STR				CITY OR TO	wn		COUNTY		STATE
	A STANDARY OF THE STANDARY OF		22a. I certify death resulted	that I took charg	ral causes	1	d above, h	reld on	Autopsy	, Homic	Inspectio		Inquiry ermined mo		and in my	opinion		
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07/84		1	SPECIFY) Buri		36 DATE 4/9/19	986	Red Red	ddish F	ami	ly Ce	emete	ry 'S		, .				
25M	DHMH - 17 (VR A15 ME (5))		UNERAL DIRECT	Funeral	Home,	P.A.,	Salis	bury,	Mary	land	250. DATE	PROS	9 1986	Fulla	Javid	SIGNA	Por della	6





	1			STATE OF MARYLAND		
9	1.	FOR	DEPARTM	ENT OF HEALTH AND MENTAL HYG	IENE 8 6	12671
0-04647	Ŀ	REGISTRAR		CERTIFICATE OF DEATH	REG. NO	
m.#		CEASED NAME FIRST	MIDDLE	LAST /	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR
oy be oge 3 death		VIRGINIA	MATThews	KONK	HPRIL 1	7, 1986 4 PM
te de la	3. SE	X 4. F	PACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTI	MONTHS DAYS HOURS MIN.
ors o	1	EMALE	WHITE	NAN 30, 1927	27	YRS
To ho di	, 176. B	RTHPLACE 1914 PROPERTY 176	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF DEATH
de de de	1	IARY/AND	MAME OF HOSPITAL NURSING	WIDOWED DIVORCED DIVORCED DIVORCED	120 USUAL OCCUPATION	MD. 12b. KIND OF BUSINESS OR
offer ed will	14.	Saleaway	H FACILITY, GIVE STREET A	DDRESS 184	K POR MOT O	WORKING LEES INDUSTRY
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thin thin	14. F	THER'S NAME	1	15. MOTHER'S MAIDEN NAM	CF. C	75410/ 245
P P P	16	haples Wil	lian Moth	PULLS MILR	TLE MIDDLE	RUPES
		VAS DECEASED EVER IN U.S. ARME		ITY NO. 17 INFORMANT	ADDRES	is figure 1
Pool Pool	(YES, NO OR UNKNOWN) (IF YES GIVE W	2/8-20	5166 Danald	D. Konk	SAME AS
ballimore, core be executed to the medical core.		18 CAUSE OF DEATH (Enter anly a	ne cause per line for (a), (b), and	IC V		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1 点 在年日 4		PART I. DEATH WAS CAUSED B	Y:	-moid Carcino	na of L	una 6 monta.
W. PRESTON ST			DUE TO, OR AS A CONSEQUE	NCE OF		
8 1 8 1		Canditions, if any, which	(b)			
LIV.		gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUE	NCE OF		CHURCH STREET
		underlying cause last	(c)			
5, 20 10 10 10 10 10 10 10 10 10 10 10 10 10	7	PART 2 OTHER SIGNIFICANT COM	DITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN IN PART 1 a
or to	CERTIFICATION				T	
Per law	FICA	190 DATE OF OPERATION	196 CONDITION FOR WHICH (DPERATION WAS PERFORMED	20a AUTOPSY?	20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
The The sit possible show show	E I	A ACCIDENT WAS UNDERSOON FOR	ALL THE OF BUILDY	121- HOW MILLIPY OCCUPA	YES NO	YES NO
N S S S S S S S S S S S S S S S S S S S		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR 21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	IN ITEM 18 PART I OR PART 2)
SICIA certif certif vriol-t	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19		
PHY rendi	MED	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FA	21f LOCATION STREET	CITY OR TOW	VN COUNTY STATE
Div No st the ost		AT WORK AT WORK		10 1/ 1 0 =		
OR: OR: I SE		22a. I certify that (1) (this hospital) saw the deceased alive on		6 , and that in (my) (our) opinion of	, 10	that (I) (we) last
2 0 5	15	abave, (1) (metided) (did not) vi	ew the bady after death.		death occurred on the da	
OR PORECHED DIRECTOR AT THE THE THE THE THE THE THE THE THE TH		22b. SIGNATURE	1-1.	DEGREE ATTENDING	MEDICAL STAF	27L DATE SKINED
BRAL Stote		288/PHYSICIAN'S NAME LIVE OR	120	22e ADDRESS	MEDICAL STAF	AN [] 7/10/36
O HOSPITAL O HOSPITAL TO FUNERAL Ishould be det with the State		5	21 11		0'	-1 5 15 1
TO HOSPITAL TO FUNERAL should be deto with the State IMPORTANT. II	0.0	vanes t.	Martin, M.	0. 1300 5.		0+, 22/.360-5
	230	SHECH 1	3b DATE 230 N	ME OF CEMETERY OF CREMATORY	23d LOCATION	1 DOUNTY A STATE
BP	24 5	JNERAL DIRECTOR	7/19/1986NE	MOBELL ISEBYCH (Am SEN	Beth lud.
DHMH - 16 60M 7/84	24	2 NAMP of D	ADDRES	A. J. DAIL	REC D. BY REGISTRAR	Sh REGISTRAR'S SIGNATURE
(VRA 15, 4)		DAKER P BOUL	VdS)A/156	BUYU MO, APRI	3 7 1450 94	The state of the s



3743	1	FOR STATE REGISTRAR				CERTIF	E OF MARYLAND EALTH AND MENT ICATE OF DEAT	H	REG. NO		2 6	7 2
34 15		CEASED NAME (ORMINE)	MARY E		NDS	ı	AST		20. DATÉ OF DEATH	4 1		9:45 p
o opposition of the control of the c	1.58	× Female	4 RA	White	E.	S. DATE C	6 26 190		AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
1000	S	alisbury, Ma	ryland	U.S.		MARRIE WIDOWE	D NEVER MARRI	ED 🗆	WICOMICO		F DEATH	MD.
争犯	2	ITY OR TOWN OF DEAT ALISBURY	S	ALISB	URY NURS	SING HO	OR OTHER INSTITUTION	ION 1	20 USUAL OCCUPATION (TYPE CALMOST OF	ON F WORKING LIFE)	12b. KIND C INDUSTRY	OF BUSINESS OR
17	Da.	AL RESIDENCE (IF NURSIN STATE Maryland	IS HOME OR OTHER		Salisbu		13d INSIDE CITY LII YES NO		36 STREET ADDRESS / Springhill	ZIP CODE Road		21801
122	7	Thaddeus	W.DDL		Dykes (AST		15 MOTHER'S MAI	ra	WIDDLE		known	
Poges		WAS DECEASED EVER IN YES, NO OR UNKNOWN)	N U.S. ARMED LIFYES GIVE WAR		214-1	0-6371			Betty Mae® Street, Sal		Md.	
ures that the death goed by the others or please remove or burel, cremotion, ory, at offer traumal	z	Conditions, if any, gave rise to imme couse (a), stating underlying cause	which ediate the lost	(c)	RAPA CONSEG	DUENCE OF	ructive NOT RELATED TO T	pul HE TERMIN	movary O	brase DITION GIVEN	IN PART 1	0
The law reg	RTIFICATIO	190 DATE OF OPERATION				CH OPERATIO	N WAS PERFORMED		200 AUTOPSY? YES NO	YES [NG CAUSES	NGS USED 5 OF DEATH? NO
vG Privsicals, afterding physical fer the describes of the busciffund thank Mental Hy	MEDICAL CE	210, ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA 21d, INJURY OCCURRE AT WORK	LUSE OF DEATH	P.	M. MONTH M.	19	211 LOCATION STREET	OCCURRE	D (ENTER NATURE OF INJUR		COUNTY	STATE
ALOR ATTENDO THE MINORED OF TAL DIRECTOR A detection of received being the received by THE Rem 21 is man.		220.1 certify the (1) sow the decease above 11 we talk	chid no	w the body	10 19	86 , or	DEGREE ATTEN		oth occurred on the do		nd from the	
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Parsons Cemetery

DHMH - 16 60M 7/B4 (VRA 15, 4)

Holloway Funeral Home, P.A., Salisbury, Maryland

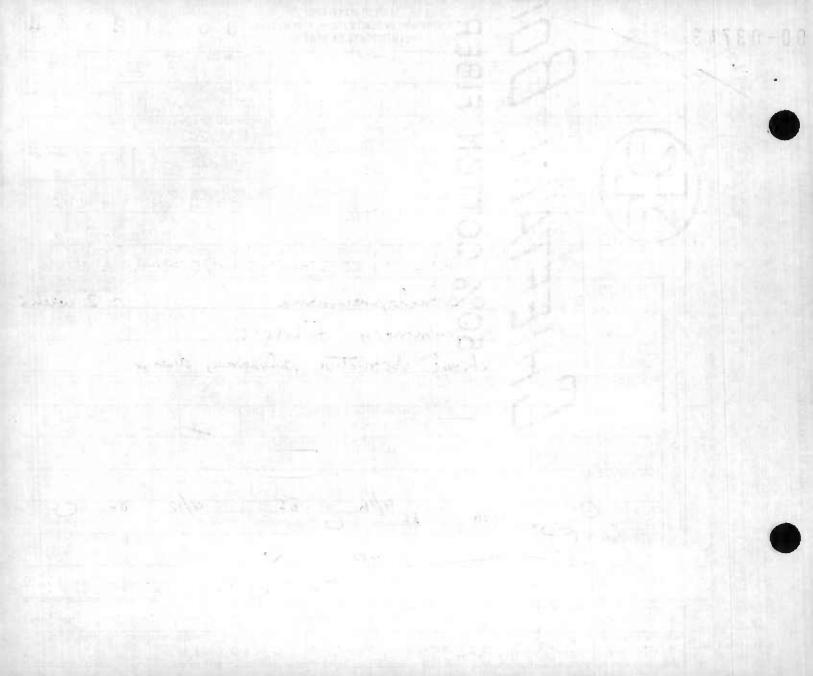
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Burial

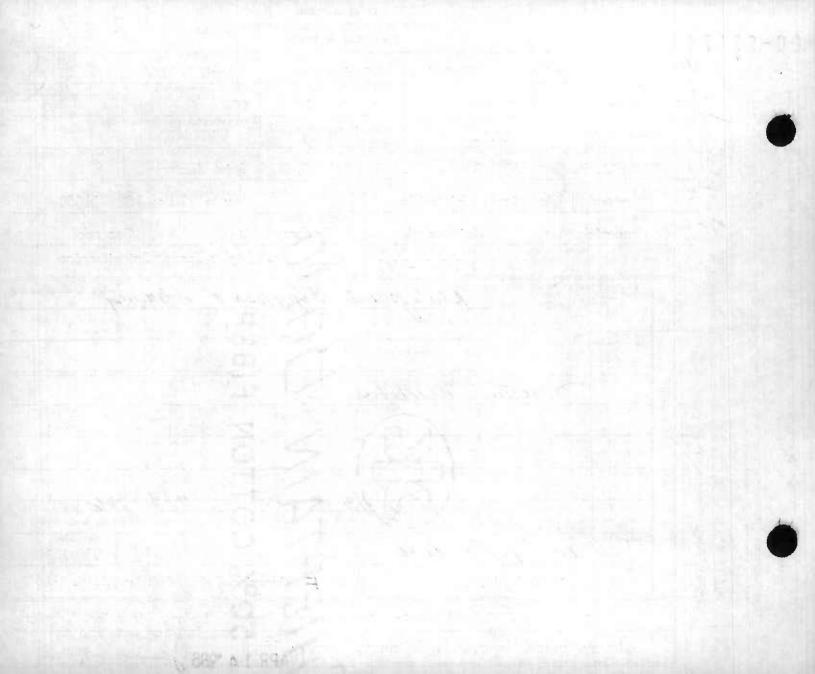
24 FUNERAL DIRECTOR

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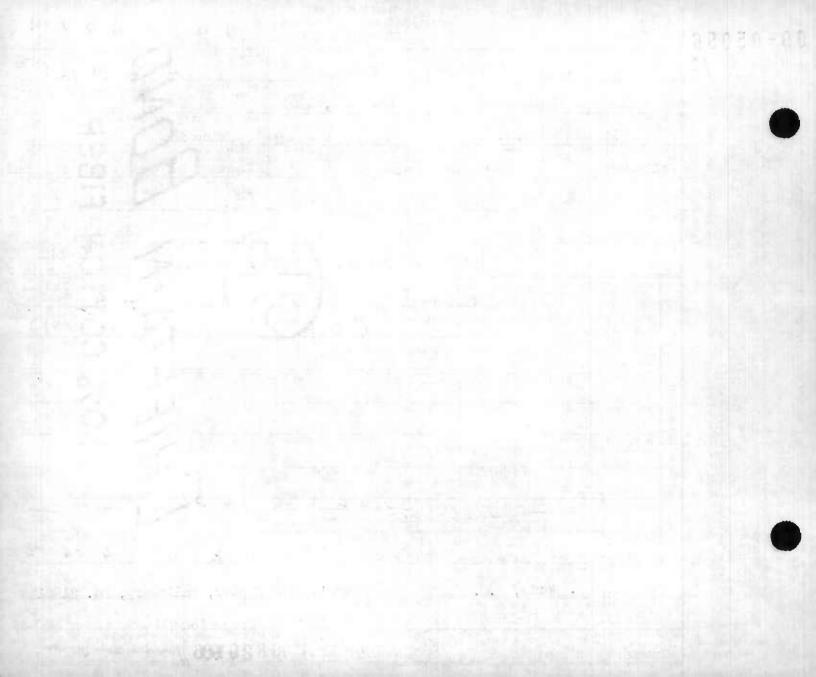
Salisbury, Wicomico, Maryland



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the face requires that the deal and has been signed by the of the milt. Then please removement to burnel, or other training any any article, or other training	CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION	CONDITIONS	OR AS A CONSEQUI	DEATH BUT	4	ORMED	INAL DISEAS		20b. IF Y	ES, WERE	FINDING	GS USED OF DEATH?	
TTENDING PHYSICIAN: T pital or otherwise physics (TOR, After this confidence for use on the bound-trimin of feedth and Mental Hyg 21 is marked on beauth 8 sh	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAMINATION OF CURRED NOT WHITE AT WORK NOT WHITE AT WORK AT WORK 22a.1 certify that (I) (this has sow the deceased oligo, (I) (we) (did) (did) (did) (did) (did) (did) (did)	DEATH HOUR INER) 21e PLAC (AT HOME.:	0. 19 19	19 PARM ETC)	211. LOCAT STRE		, to	CITY OR TO	Jan Jan	, 19 8 (NIY	STATE at (1) (we) loss	
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DHMH - 16 50M 1/B1 (VRA 15, 4)		Hötloway Fund	eral Home	e, P.A., Sa	lisbur	, Mar	ylard APF	141	986		Surdan	700		



- 244				STATE OF MARYLAND		
-05056	1-	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	FIENE 8 6	125/4
11		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH M	ONTH DAY YEAR 26 HOUR
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r, po	1. SE		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTH	MONTHS DAYS HOURS MIN.
ecto	1	Male	White	January 9, 1909	77	YRS
2 Pode	7a 81	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH
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ond co	10	VAS DECEASED EVER IN U.S. AR. (IF YES, GIV		-5539Mrs. Betty	S. McAllis	1/11/ Hambrooks
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signed nen pled o buria	z	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR COND	ITION GIVEN IN PART 110
rior tring	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED
n. n. n. perm	5	THE DATE OF GLERATION	The Condition Con times		YES NO	IN CERTIFYING CAUSES OF DEATH? YES NO NO
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TEN tol OR: OR: I is I		sow the deceased alive an	- 4-26 19	6_, and that in (my) (aur) opinion		e and hour and from the causes stated
R ATT hospin RECT hed for ept of tem 2		obove, (I) (we) (did) (did no 22b. SIGNATURE	t) view the body ofter death.	DEGREE		22c DATE SIGNED
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A Phosp						
TO HOSPITAL of the certained by the TO FUNERAL I Should be deto with the State I IMPORTANT: If	0.2	Elsa M. Go		Deer's Head		ishury, Md. 21801
		URIAL, CREMATION, REMOVAL SPECIFY). Urial		name of CEMETERY OR CREMATORY rchester Cem.	23d LOCATION CITY OF TOWN	COUNTY STATE
BP					Cambridge	e.Dorchester.Md
DHMH - 16 60M 7/84	40	JNERAL DIRECTOR	ADDRESS.			Sb. REGISTRAR'S SIGNATURE
(VRA 15, 4)	C	urran Funera	1 Home	ambridge, Md. A	TN 29 1900 A	the handon-Handale



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH O REGISTRAR MIDDLE 1. DECEASED NAME 20. DATE KNOWN MONTH 26 HOUR (TYPE OR PRINT) ESTI-DEATH MATED Katherine 1628 Simms 11986 4 RACE DATE OF BIRTH & AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE FUNERAL DIRECTOR MONTH YEAR LAST BIRTHDAY PRONOUNCED 80 24 DEAD Remale White 111986 YRS 11628 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY WIDOWED TO DIVORCED Wicomico Maryland USA II. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126, KIND OF BUSINESS Salisbury Peninsula General Hospital Dog License Comm. Balto. County UAL RESIDENCE (IF IN NURSING & DIME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13g STATE 136 COUNTY 13c. CITY OR TOWN 8910 White Cliff Rd. Baltimore NO TO Maryland M. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE FIRST Taylor Eunice Hubley John Daisy 60, WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS John K. Simms 9006 Simms Ave. 215-42-7112 21234 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic Cardiovascular Disease IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. FORWARDED TO THE CHIEF MEDICAL EXA OR; PAGE 3 SHOULD BE USED AS A BURIAL! HE STATE DEPARTMENT OF HEALTH AND MIN, ND, 21201 PRIOR TO EQIRIAL, CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] NO X 71g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 718 PLACE OF INJURY CATHOME. 711 LOCATION STREET, FACTORY FARM ETC.) STREET CITY OR TOWN WHILE NOT WHILE COUNTY TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGE AFTER BEALTH, WITH THE STAFT BALLIMORE, MARYLAND, 2120 22a I certify that I taak charge of the remains described above, held an Natural causes X death resulted fram: Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL Denuty SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME John T. Bulkeley, M.D. Salisbury. Maryland 23a, BURIAL, CREMATION, REMOVAL 23b, DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 4-15-86 Parkwood Cemetery Baltimore, Maryland 07/84 BP 25M 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5))

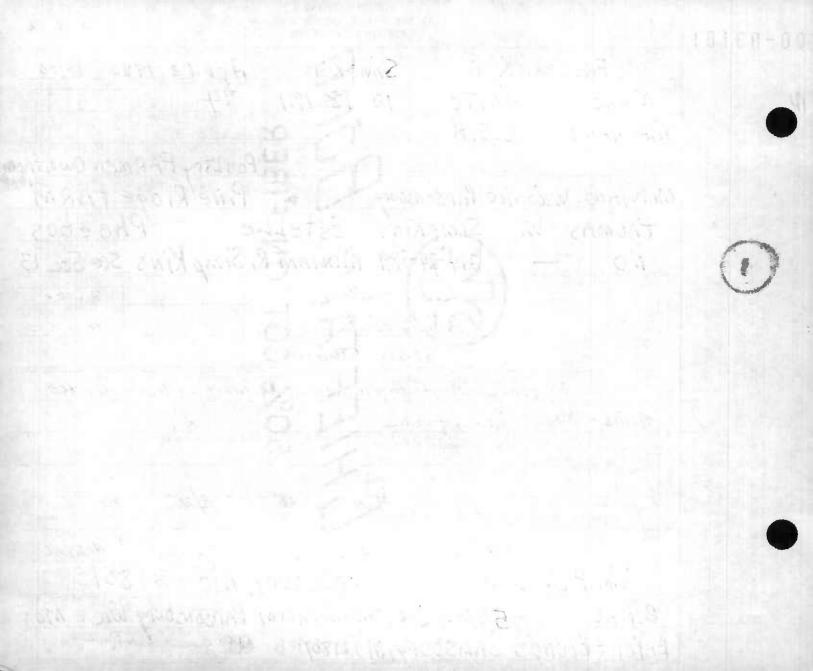
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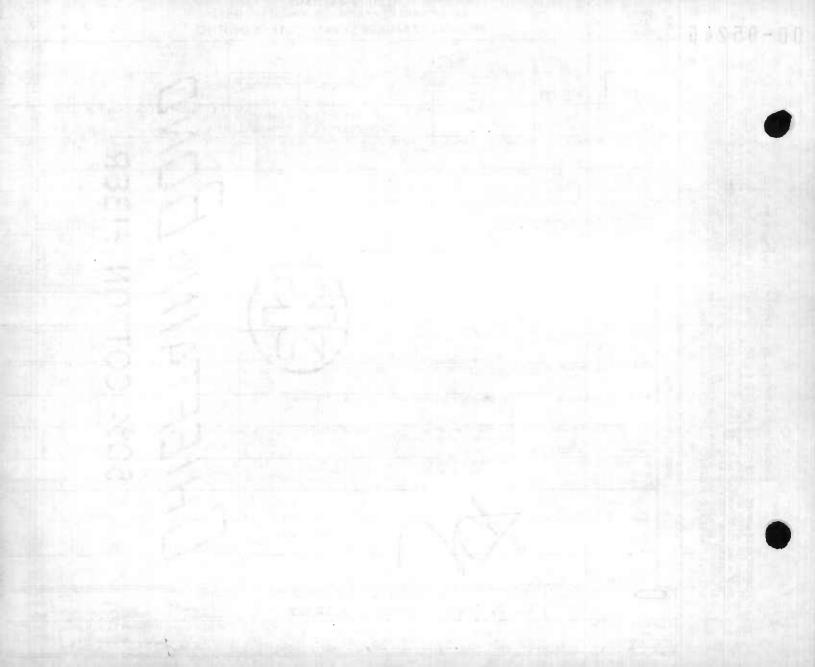
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		STATE OF MARYLAND	
nnn-n3181	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.	2677
poge 3	1. DECEASED NAME FIRST (TYPE OR PRINT) FRED	ERICK P. SIMPKINS APRIL 3.19	786 0900 M
Bector. po	3. SEX MALC	4. RACE S. DATE OF BIRTH (A AGE (A YEARS LAST BIRTHDAY) VRS.	IF UNDER 1 YEAR IF UNDER 24 HRS
nerol dir nn 72 hou	O. BIRTHPLACE INTATEOR FOLIGN	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED WICOMICO NOTICE OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED WICOMICO	Y OF DEATH
s offer d by the fu iled with	Salisbury	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Peninsula General Hospital	RMEN OWN FARM
ND 212		NE OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) OUNTY 130 CITY OR TOWN 131 INSIDE CITY LIMITS? 130 STREET ADDRESS ZIP COL	E FARM 1849
MARYLA thin thin thin thin thin thin thin thin	14 FATHERS NAME FIRST FIRST	MODEL SIMOKINS ESTELLE MIDDLE	Phoebus
the east of the east of the east of the east of the endical of the medical	160 WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT R. SIMO KINS	s See Sec 13
T., BAUT	PART I. DEATH WAS CA	used By: DIATE CAUSE (0) Liver Failure	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH BUKS
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that the the d by the cose rem of, cremo or other to	gave rise to immediate cause ia, stating the underlying cause lost	DUE TO, OR AS A CONSEQUENCE OF	
ORDS, 20 requires en signee . Then ploy or to burn rinjury, or injury, or inj		nt conditions contributing to death but not related to the terminal disease or conditions; preumostomy dysfunction; ileu.	s; diabetes
TAL RECC	= /-1/04	6 Beliary festulas YES NOB INCERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? (ES \(\sum \) NO \(\sum \)
OF VI	OR CONTRIBUTING CAUSE OF	F DEATH HOUR A.M. MONTH DAY YEAR AINER) P.M. 19	PART I OR PART 2)
DIVISION O Offending offer this cert os the buriol th and Menti	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME STREET FACTORY OFFICE FARM ETC.) 211 LOCATION STREET CITY OF TOWN	COUNTY STATE
A ATTENDI hospital or RECTOR: A red for use ppt. of Heal	the deceased alive	d not) you the body after death.	
1 2 2 2 4 T	IN SIGNATURE	DEGREE M. D. ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	4/3/86
TO HOSPITAL retorned by the TO FUNERAL I should be deto with the Store I IMPORTANT. If	WM .P.	padler Salisbury, Md a	1801
BP	BUNAL	4/4/1986 JERUSALEM CH CEM PAIRSONS DUP	q wic. Md.
DHMH - 16 60M 7/84 (VRA 15, 4)	BAKEN Y BOU	NOS SALISOUNY, MO2180 R 8 PEGISTRAR 256 REC	DIRAK TORE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 00-03945 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a DATE OF DEATH MONTH 2b. HOUR LIYPE OR PRINTI 0950 Ruark James 4 RACE 3 SEX NOV"16, 1910 YEAR white male YRS FIRTHPLACE ISTATE OF FOREIGN THE CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Md. Wicomico U.S.A. WIDOWED DIVORCED [11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR Peninsula General Hospital (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Salisbury can mfq. SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 21613 Dor. Cambridge Spring Drive Md. NOXX A FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Fannie Ruark Slacum B. James 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO 1 Box 166 LYES NO OR UNKNOWN (IF YES GIVE WAR OR DATES) 214-07-8273 Naomi G. Slacum Cambridge Md. 21613 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last ā PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID CERTIFICATION 19a DATE OF OPERATION 20g AUTOPSY? 20b IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO YES T 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART + OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN (AT HOME, STREET, FACTORY OFFICE FARM ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from. saw the deceased alive an above, (1) (we) (did) (did nat) view the bady after death and that in (my) (aur) apinion death occurred an the date and have and from the causes stated DEGREE 22c DIATE SIGNED ATTENDING V MEDICAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT ld b 230. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 236 DATE burial Cambridge 4/15/86 Dorchester Mem. Dor. 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 CAMBRIDGE FUNERAL HOME (VRA 15, 4)

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ON STATE		MALE	VEGRO 7	22	YEAR 61	24 YI		DAYS F	HOURS		AD	4/	25/19	86 P *
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2 30 E 2 3		18 CAUSE OF DEAT	H (Enter anly one	cause per line f	far (a), (b),	and (c).)							APPRO)	XIMATE INTERVAL
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MINER: THE FIGURE THE STAND 21		22a. I certify that I	took charge of th	e remains desc	ribed obov	e, held on	Autops	у 🗓 . і	Inspection	, Inqu	iry , o	nd in my op	inion	
	3	death resulted fram	Natural cas	2	ccident	Su	icide	Hamicid	е 🔲,	Undetermined	manner .			
200 Bear		ACTUAL	/	X	1/	1		TITLE (SPE				DATE	A /	25/05
BOCAL TETHE TETHE SEATH WORE,	1	SIGNATURE	- 4	-	1	-	M.	D. ASSI	stant	_MEDICAL EX	AMINER	SIGNE	D_4/	26/86
O MEDICAL EXAN XECUTE THE CIRT AGE 4 SHOULD B OF FUNERAL DIRE LYFER DEATH, MITH ANTIMORE, MARK		EXAMINER'S NAME (TYPE OR PRINT)	Gregor	v R. Ka	uffma	n. M.	0.	ADDRESS	111	Penn S	St.			
TO ME EXECU- PAGE AFTER BALTIN	23a 4	URIAD CREMATION, R			*********			R CREMATOR	Υ	23d LOCATIO		COUN	UTY	STATE
07/84 BP	-	BURIA	MAY	3, 19	86 E	VERGRE	EN CI	EMETER		BERI		WORCE	ESTER	MD
25M DHMH - 17	24 F	UNERAL DIRECTOR		ADDRESS							RAR 256 REG			- projection
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			CEASED NAME	FIRST		WIDDLI	E		LAST		2	a. DATE OF	KNOWN :	MONTH	DAY	YEAR	26 HOUR
	ET. S.S. S.E.			Alan	K	night		S	tevens	son			MATED	0 4/	18/	19 86	M
	PLEASE ECTOR. FILES. HOURS	3. SEX	(4 RACE	5 DATE OF B	BIRTH YEA	6 AGE (IN Y	EARS IF U	NDER 1 YR.	IF UNDER		C DATE		MONTH	DAY	YEAR	7:25
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	NECESSARY, FUNERAL DIR 5 FOR YOU! WITHIN 72	Ma	ryland		USA				VED	DIVORC	-	Wicc	mico	Coun	-57		ALD.
	IN SEE		ITY OR TOWN	OF DEATH	11. NAME OF		NURSING HOM			TION		AL OCCUP	ATION (T	YPE OF WORK	12b. KIN	D OF BU	MD.
	A BEAR		Salisk	ourv			General	Hos	nital		Weld	OST OF WOR	KING LIFE)			INDUST	RY
gon	SP S		AL RESIDENCE	IF IN NURSING HOME O	OR OTHER INSTITUTI	ION, GIVE RESIDE	NCE BEFORE ADMISS								Dittell	ical	
21201	ATH. IF ANY DELAY IS NECESSARY, PIEASE S. 1, 2, AND 3 TO THE FUNERAL DIRECTOR. PM. 3. RETAIN PAGE 5 FOR YOUR FILES. ND 2 SHOULD BE FILED, WITHIN 72 HOURS VIFAL RECORDS, 201 W. PRESTON STREET,	P	ryland	Wicomi			rdletre	е	YES T		Box		SS		2/8	22	9
WD.	H. IF	14. F	ATHER'S NAME		WIDGLE		LAST		IS. MOTHE	R'S MAIDE	NAME		IDDLE			AST	
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	ZER ER	1	SIGNATURE_		VX	JIVY.		WN	I.D. ASS	istar	T MEDIC	CAL EXAM	INER	SIGN	ED 4	/19/	86
	PEN		EXAMINER'S	NAME D	ennis F	Smv	th, M.D.	3.6	ADDRESS		111 1	Penn	St.				
	TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DEF BALTIMORE, MARYTAND, 21201 FF	23a.B	URIAL, CREMAT	ION, REMOVAL 2			3c. NAME OF CE)RY	23d LOC		J				
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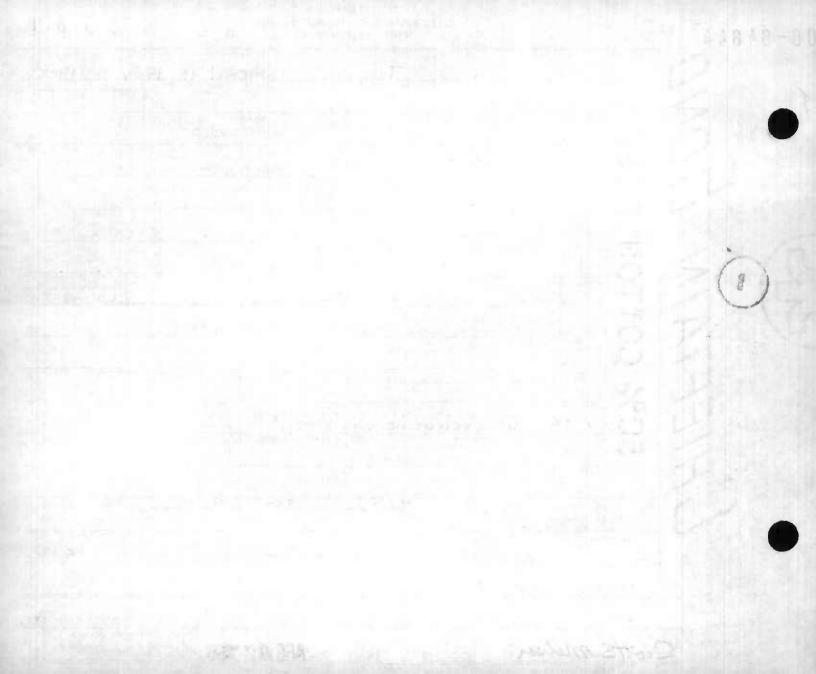
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e.e		CEASED NAME OR PRINT)	FIRST		WIDDLE	l	AST	20. DATE	OF DEATH M	ONTH DAY	YEAR	26 HOUR	
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or. p	3. SE			4 RACE		5. DATE C	DAY YEAR		N YEARS LAST BIRTH	MONT	HS DATS		MIN.
oge ours ours		female	1	white		June	15, 191		69	YRS			
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AND 212	130 S Ma	AL RESIDENCE (IF NUR STATE ryland	COU	NTY	13c. CITY OR TO	NWN	13d INSIDE CITY LIMITS	rout	e #1,		6A	2182	9
RYL.	14 FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN	NAME	WIDDIE		U	ST	
MA nomp	1	Fred			nderson		Mary		М.		kle	7	
BALTIMORE, MARYLAND Cotted within 24 Completely filler Completely f		VAS DECEASED EVER VES. NO OR UNKNOWN) O		RMED FORCES? VE WAR OR DATES!	228-24		William	E. Tay	ADDRES Rou lorgir		, Bo	x 56	A
rhe deoth cert, the ottending by the control of the	z	Conditions, if any gove rise to im couse iol, statu underlying cause	, which mediate ng the last.	TE CAUSE (a) DUE TO, O (b) DUE TO, O (c)	R AS A CONSEQ CO ROLLA R AS A CONSEQ	DUENCE OF	ARTINAY	DISR		TION GIVEN I	10	KUMATE INTERV	
DIVISION OF VITAL RECORDS, 201 W NDING PHYSICIAN: The law requires that I or ottending physician. 8. After this certificate has been signed by it use as the burial-transit permit. Then please leach and Mental Hygiene prior to burial, critically and Arental Hygiene prior to burial, critically and more or liem 18 shows any injury, or other	MEDICAL CERTIFICATION	210. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MED 21d INJURY OCCUR MAT WORK NOTIFY that 220.1 certify that (1	DERLYING CAUSE OF DEA	21b TIME C HOUR A. R) P. 21e PLACE (AT HOME, STI	OF INJURY OF INJURY OF INJURY REET FACTORY, OFFICE	DAY YEAR 19 E FARM ETC)	NWAS PERFORMED NE ON YST 211. HOW INJURY OCC 211. LOCATION STREET	YES [NO-	PGV.	G CAUSE OR PART 2) COUNTY	NGS USED S OF DEATH NO STA	ATE
TO HOSPITAL OK ATTER retained by the hospital TO FUNERAL DIRECTOS should be detached for a with the State Dept, of H IMPORTANT; if them 21 is		saw the deceosobove, in well 27b. SIGNATURE 27d. PHYSICIAN'S N E DW AR.	AME (TYPE &	ot) view the body	1/1		DEGREE ATTENDING PHYSICIAN 220 ADDRESS	G MEDICA				COUSES STOP	86
75 72 3 3	23a. E	SURIAL, CREMATION,	REMOVAL	23b. DATE	230	. NAME OF C	EMETERY OR CREMATO	RY 23d. LO	CATION	1.0	UNIY	STA	ATE
BP		Burial		4/18/	/86 \$p	ringh	ill Cemete	ery Gi	rdletr	ee Wo	rces		Md.
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Pocomoke City,

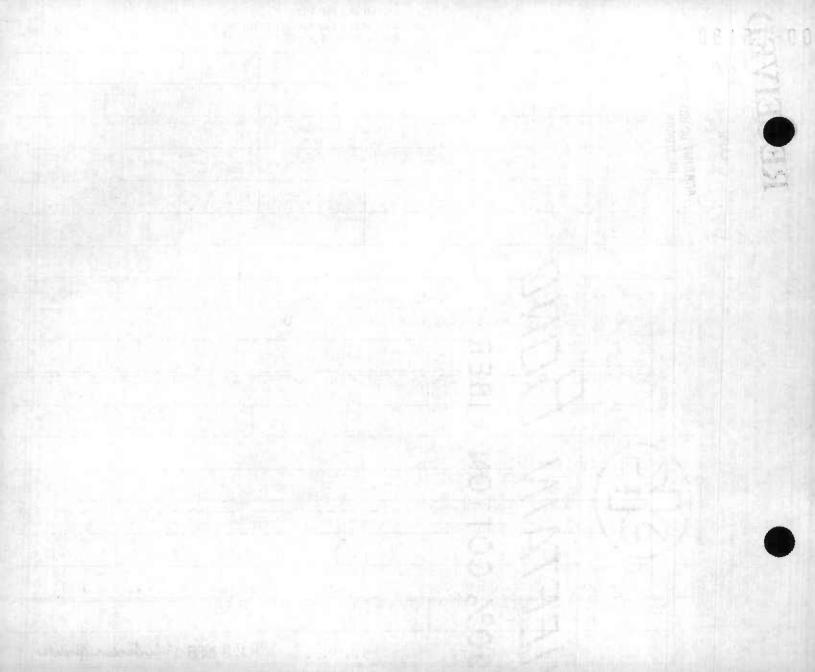
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	16 8	198	CEASED NAME FIRST	WIDDLE	LA!	it.	T	20 DATE OF DEATH	MONTH DA	Y YEAR	2b HOUR
	WA WA	3	E OR PRINT) VIOLA	В.	TIMM	ONS	1813		4 14	86	
1	- W - C -	Age /		I4 RACE	5. DATE OF			6. AGE LIN YEARS LAST BIR		F UNDER I YEAR	IF UNDER 24 HRS
7-1	9 P	MA			MONTH	DAY	YE AR	7.0		ONTHS DAYS	HOURS MIN.
10	30 - E	A. D	Female IRTHPLACE (STATE OR FOREIGN	White	6	17	13	12	YRS		
	100	5	COUNTRY)	76 CITIZEN OF WHAT COUNT	MARRIED	NEVER MAR	RRIED -	9 BALTIMORE CITY O			
1	41 1		Canada		WIDOWED		RCED 🗌	Wicomic			MD.
			ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR (IENOT IN SUCH FACILITY GIVE STI 714 W. MOT	RSING HOME OF REET ADDRESS) L. C	onard	Rd.	120 USUAL OCCUPAT		12b. KIND OF	F BUSINESS OR
3	القالقة ا		Salisbury			uillin		Sales			iques
2	PACE.		AL RESIDENCE (IF NURSING HOME) STATE 13b. COI	OR OTHER INSTITUTION GIVE RESIDENCE BE		3d. INSIDE CITY	LIMITS?	13e STREET ADDRESS		21801	
N S	30	Mo	_	icomico Salis			0 🗆	714 W.			nard Rd
345	1 00	14.,F	ATHER'S NAME	MINDLE LARY		5 MOTHER'S MA		E			
MARY	No.	1	Simeon	Bowman	1	Ada	a	MIDDLE		LAST	
	1 50		WAS DECEASED EVER IN U.S. A		ECURITY NO.	17 INFORMANT	100	ADDR	ESS		
BALTIMORE	Pages medical		NO (IF YES, C	GIVE WAR OR DATES)	2-8334	Mr H	omer	L. Timmo	nc -	Camo	20 #13
TIA P	ber.			only one couse per line for (a), (b)		MI. II	Omer	L. IIIIIIO	115	Same	MATE INTERVAL
	ohys pap novo ent,		PART I. DEATH WAS CAUS	SED BY: Y 1/15	trotant	c Im	~ (MARIA		BETWEEN	DNSET AND DEATH
PRESTON ST.,	r ren		IMMED	ATE CAUSE (o)	4008 40-00	O MAN	1	MITTO			
i to	e ca		6 10 11 11	DUE TO, OR AS A CONSE	OUENCE OF		U			100.00	
RES	attend move ca nation, o troumal		Conditions, if ony, which gove rise to immediate	(b)				The state of the s			
	by the		couse (0), stating the underlying couse lost.	DUE TO, OR AS A CONSE	QUENCE OF						
10	or o			(c)							
5, 2	n signe Then p to bui	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT N	OT RELATED TO	THE TERMI	NAL DISEASE OR CON	DITION GIVE	V IN PART 10	, ,
DIVISION OF VITAL RECORDS, 201 W DIVISION OF VITAL RECORDS, 201 W		CERTIFICATION									
REC	s beermit.	Ş	190 DATE OF OPERATION	19b. CONDITION FOR WH	ICH OPERATION	WAS PERFORMI	ED	200 AUTOPSY?	IN CERTIFY	WERE FINDIN	OF DEATH?
AL AL	Sit pe	E						YES NO	YES		NO 🗆
ž ž	physicic tificate Hransit al Hygie		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21¢ HOW INJUR	RY OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM IB PAR	1 OR PART 2)	
SION OF VI	certification of physical central terms of the physical central centra	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN	The state of the s	19						
O H	his charles d Me	E	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFI	CE EARL ETC.	211 LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
DIVIG	# - # 5 0	>	WHILE NOT WHILE AT WORK	(ATTIONE STREET, FACTORY, OFFI	CE, PARM, ETC J						
0 40	or o	L.,	22a. I certify that (I) (this has	pital) attended the deceased fro	m		19	, to	19	2	that (I) (we) lost
_ =	For u	100	sow the deceased alive a	an19	9, and	that in (my) (au	r) opinion de	eath occurred on the de	ote and hour o	and from the c	couses stated
M M	REC ned spt.	14	22b. SIGNAT No.	not! view the body after death.	DI	GREE				22c DATES	SIGNED
	4 0 5	1	MANAPA	na	V		NDING _	MEDICAL STAI		14/2	1/8/
A TI d	etoined by the Should be de with the Stort		220 PHYSICIAN'S MAME ITYPE	OR PRINT)		22e ADDRESS	SICIAN []	DIRECTOR PHYSIC	IAN []	1110	.100
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			BURIAL, CREMATION, REMOVA		3c NAME OF CE	METERY OR CRE/	MATORY	23d. LOCATION		COUNTY	STATE
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DH/	MH - 16 50M 1/81 (VRA 15, 4)	24 F	UNERAL DIRECTOR	ADDRES	55		25a. DATE	REC'D. BY REGISTRAR	11.	5	JRE
	(*NA 13, 4)	1	Ana	tomy Board	Balto	Md.	AL	1 4 9 198b	Julia Das	4dan-14	MOUNT



								ARYLAND						,
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		PLEASI ECTOR FILES HOUR	3. SE	4 RACE	S DATE OF BIRTH	6. AGE (IN)	DAY) MONTH	DER I YR. IF UNDER	24 HRS. 2c. DATE	ICED	MONTH	DAY	YEAR	2d HOUR
1		ARY, PLEASE DIRECTOR. COUR FILES. V 72 HOURS	M	ale White	9 18	00 55	YRS.	IS DATS HOURS	DEAD		4	7	186	1120
ク		SACER		IRTHPLACE (STATE OR DREIGN COUNTRY)	76 CITIZEN OF WH		8. MARR	ED NEVER MARR	P. BALTIM	ORE CITY O	R COUN	ITY OF	DEATH	
-		NEGES FUNER S FOR W PRES	M	aryland	U.S.A.		WIDOW	p-mag		comic	20			MD
		AY IS N THE FU PAGE 5 FINED,	10. C	ITY OR TOWN OF DEATH		PITAL, NURSING HOA		ER INSTITUTION	12a. USUAL OCCUP	PATION (TYPE			ND OF BU	
		PAGE SEPTED SEPTED SEPTED	S	alisbury		Riverside		ve Ext.	Draftsman		ser			K I
	-	20 NO NO	USU	AL RESIDENCE (IF IN NURSING HOM TATE 13b COL	E OR OTHER INSTITUTION, GIV	E RESIDENCE BEFORE ADMIS	SIONI		13e STREET ADDRE			21	DA	1
	212	\$\$#500			omico	Salisbury		13d. INSIDE CITY LIMITS? YES NO A		Rivers	ide	Dr.	Extr	/
	- Q	- NEWS	14. F.	ATHER'S NAME				15. MOTHER'S MAID	N NAME					
	-	325220		Marion	I. To	wnsend		Georgia	A	NIDDLE		Nut	ter	
	NON	848.2	16a \	WAS DECEASED EVER IN U.S. A	ARMED FORCES?	166. SOCIAL SECURI		17. INFORMANT		ADDRESS				
	-	SOUTH A SOUTH	()	ES, NO, OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	220-28-49	71	Anna Mae	Townsend	see s	ec.			
	1	MOES Z	F	18 CAUSE OF DEATH (Enter	only one couse per line	or (a) (b) and (c))						T A	PPROXIMATI	INTERVAL
	1 5	\$ \$ 198¥		DADT I DEATH WAS CALL	SED BY:		haur	- Head				BETV	WEEN ONSE	AND DEATH
	10	E OR BOX		IMMED		AS A CONSEQUENCE		nead	E-DOS	7.34				
	558	HE WELL		Conditions, if ony, which								8		
		ENC ENC MIN OR S		gove rise to immedia cause (o) stating the unde		AS A CONSEQUENCE	OF					-		
	100	BUXXXXX		lying couse lost.			1 32							
	8	AND		PART 2 OTHER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TEN	MINAL DICEASE	OP CONDITION CIVER IN DA	PT 1 ini			1		
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				UNDERLYING TOR CONTRIBUTING CAUSE O	F DEATH 0730.M.	MONTH DAY YEAR		Gunshot	wound of	hoor	4			
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		L EXAMINER: E CERTIFICATI DULD BE FOR L DIRECTOR: H, WITH THE MARYLAND		22a. I certify that I taak cha			Autop		n X. Inquiry	K, and	d in my o	pinion		
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		CAL EXA THE CERT SHOULD ERAL DIR SATH, WIT ORE, MAR		ACTUAL \				TITLE (SPECIFY)			DATE	A	7	26
		SHE SHE SHE		SIGNATURE	ms 3	Julkole	M-W	Deputy	MEDICAL EXAM	INER	SIGNI	ED_4	-7-8	50
		S C T C C	1	EXAMINER'S NAME TO A	n Ф. Bulk	alor M 7	7	Col	i ahaa	B// C 22227	l om d			
		TO MEDICAL EXAM EXECUTE THE CRRIF PAGE 4 SHOULD BE TO FUNERAL DIREC AFTER DEATH, WITH BALTIMORE, MARYL	230 P	(TYPE OR PRINT)					isbury,	Mary]	ano			
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	1			STATE OF MARYLAND			
-04505	1.	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	8 6	12	58
	1 DE	CEASED NAME FIRST	MIDDLE	LAST	REG. N	O. MONTH DAY	YEAR 26 HOUR
e # 3		OR PRINT)	D	Trumper 1	APRIL		
page 3	3 SE	Irey	Drandon	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIR		86 1931 RIYEAR IFUNDER 24 M
- 2	2 25	M	B		AGE (INTERNSTAST BIR	MONTHS	DATS HOURS M
Page 4	-	/ / /	10	MONTH DAY YEAR	0	YRS	
d bla		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR'	MARRIED NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY OF DE	ATH
deot		MA	USH	WIDOWED DIVORCED	Wicomico		
è 93 (2)	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH EACILITY, GIVE STRE	ING HOME OR OTHER INSTITUTION ET ADDRESS)	120 USUAL OCCUPAT		KIND OF BUSINESS
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s hour		AL RESIDENCE (IF NURSING HOLE OR			13e.STREET ADDRESS	ZIP CODE	. /
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1 2 st	14 F.	ATHER'S NAME	WDDVS A LACT	15 MOTHER'S MAIDEN NA	ME		,
po de porto	1/	Leray Jan	nes Tauns	nd Region	WIDDLE	fur	1/00
nd co		VAS DECEASED EVER IN U.S. AR		CURITY NO. 17 INFORMANT	i i ADDR	SS L	poll
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£ 2000 0				tremo prema	turity		
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The ician.	1 2				YES NO	YES 🗌	NO 🗆
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o to to to	2	AT WORK NOT WHILE	The same street, the local, of the	, rain, Erc)			
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ok ATTEN e hospital DIRECTOR sched for u Dept. of He		saw the deceased alive an		86 , and that in (my) (aur) apinian	death occurred on the d	ate and hous and li	om the causes stated
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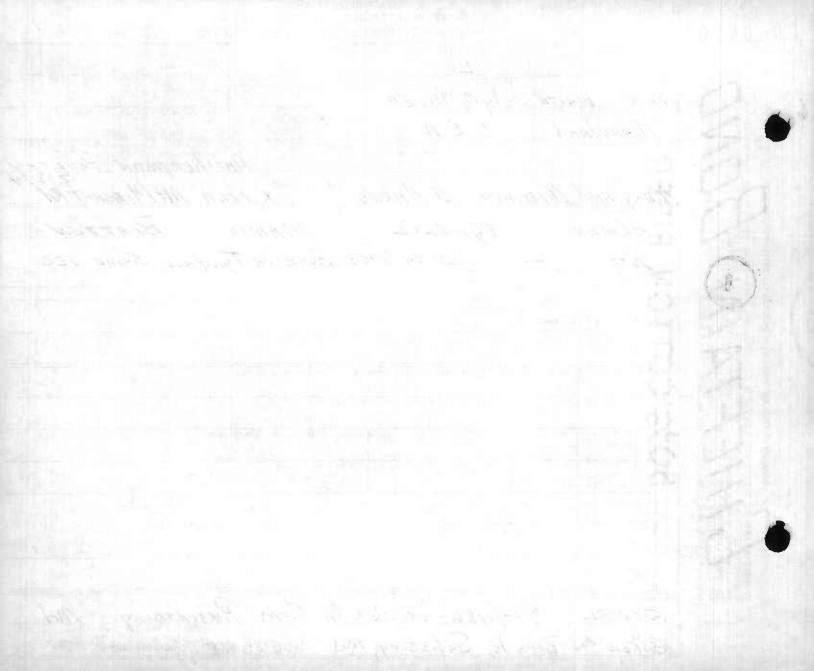
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lor Sales		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COU	MARRIE	D X NEVER MARRIED	9 BALTIMORE CITY OF WICOMICO	OR COUNTY OF DEATH	
und a	io c	ITY OR TOWN OF DEATH	NAME OF HOSPITAL N	WIDOWS NURSING HOME (TE STREET ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATI		OF BUSINESS OR
11/	100		Peninsula Ge		spital	Labore	r	
24 hou	13a		UNTY 13c CITY O		136 INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE hington St	21613
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S S S		WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIA	L SECURITY NO.	17 INFORMANT	ADDRE	ess 2	1613
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Hyge Hyge 18 sh	l H	210 ACCIDENT WAS UNDERLYING		TI DAY VEAD	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I OR PART 2)	
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Aft oith mor			spital) attended the deceased	from 21	March 10 86	10 11 A	1986	that mt (we) last
THE H		sow the deceased alive	on	19 86 ,01	nd that in (my) (our) opinion	death occurred on the de	ote and hour and from the	couses stated
hospit IRECTC hed for ept. of tem 21	9	obove, (1) (dec) (did) (did	net) view the body offer death.		DEGREE		22c DATE	
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By the RALL NT.		224 PHSSICIAN'S NAME (TYP	Jara		PHYSICIAN 222 ADDRESS	MEDICAL STAI	JAN []	11/86
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retoined by th TO FUNERAL should be dete with the Stote		James E	= , Martin	, M.O.		Oivision	5t., 5alis	3017, M
- 0 / 2 /	23a	BURIAL, CREMATION, REMOVA			EMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE
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PHMH - 16 60M 7/84	24 F	UNERAL DIRECTOR		225			256. REGISTRAR'S SIGNAT	URE
(VRA 15, 4)	L	. H. Boardle	y F/H Camb.	Md. 2	1613 AP	R 1 5 1986	Air J is . To	

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		STATE OF MARYLAND			
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1111-	114/114		REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF D	DEATHO REG. NO.
			EASED NAME FIRST	MIDDLE LAST	20 DATE KNOWN W MONTH DAY YEAR 26 HOUR
	141 - 140 >	(TYP	OR PRINT)		
	ASS OR URS EET		Richa		DEATH MATED 4/ 21/19 86 M
	APE 호텔	3. SE)	4 RACE	DATE OF BIRTH MONTH DAY YEAR LAST BIRTHDAY MONTHS DAYS HOURS AND	
	N 2 L R	1	ALE WHITE	JULY 17, 1931 54 YRS. MONTHS DAYS HOURS MIN	DEAD 1/03/ OC D
	AND ZE	7n B	RTHPLACE (STATE OR	7h CITIZEN OF WHAT COUNTRY?	9 BALTIMORE CITY OR COUNTY OF DEATH
	DELAY IS NECESSARY, PLEASE 3 TO THE FUNERAL DIRECTOR. LIN PAGE 5 FOR YOUR FILES. D BE FILED, WITHIN 72 HOURS RDS, 201 W PRESTON STREET,	FOREIGN COUNTRY) MARRIED NEVER MARRIED			D SALIMONE CITY OF DEATH
	NA N		MARVIANA	U.S.H. WIDOWED DIVORCED	Wicomico County, MD.
	SHRE	10. C	TY OR TOWN OF DEATH	11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	USUAL OCCUPATION (TYPE OF WORK 17b. KIND OF BUSINESS FOR MOSTOF WORKING LIFE)
	DELAY N PAC BE FIL	50	Salisbury		11-1-1
	F ANY DELA 2, AND 3 TO 3. RETAIN PA 5 SHOULD BE AL RECORDS.	USUA		Peninsula General Hospital OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	YATCHERYMAN FOULTRY
21201	SOUTA	13a S			STREET ADDRESS
	A A B D B	14	BRYIANS WI	OMICO WILLARDS YES NO NO	26H INT/ TEASANT KO
3		14. F/	THER'S NAME	MIDDLE LAST IS MOTHER'S MAIDEN N	AME NIDDIE LAST
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o o	20 ₹ ₹ 0	16a. V	AS DECEASED EVER IN U.S. A	ED FORCES 1166 SOCIAL SECURITY NO. 117. INFORMANT	ADDRESS
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BALTIMORE, MD.	SOES!		NO	- 420-26-5 TO 8 DARBARA	LYNDALL SAME 13C.
31	(3 × R= 9		18 CAUSE OF DEATH (Enter o	ane cause per line far (a), (b), and (c).)	APPROXIMATE INTERVAL 8ETWEEN ONSET AND DEATH
S	£ 8 2 8 7		PART I DEATH WAS CAUS		
PART I DEATH (Enter only one cause per line far (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)Arteriosclerotic Hypertensive DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under- DUE TO, OR AS A CONSEQUENCE OF				Cardiovascular Disease	
S	A PARTIE N		Canditions, if any, which	BOL 10, OKTION CONSEQUENCE OF	
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DIVISION OF VITAL RECORDS,	S A REW	z			
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<u>></u>	P P P P P P P P P P P P P P P P P P P	MEDICAL	WHILE NOT WHILE	STREET, FACTORY, FARM, ETC.) STREET	CITY OR TOWN COUNTY STATE
۵	THIS CONTROLL WARDE WARDE PAGE 3 STATE DI 21201 (-	WHILE NOT WHILE AT WORK		
	WER: THIS CERTIFICATE ATE, WRITING THE V FORWARDED TO THE OR: PAGE 3 SHOULD HE STATE DEPARTME IND, 21201 PRIOR TO			of the Mains described above, held an Autopsy X, Inspection	
100	EXAMINER: CERTIFICATE JUD BE FOR DIRECTOR: WITH THE S AARYLAND,				J. Inquiry L.J. and in my apinian
	MERCHEN SERVICE SERVI		death resulted from: <u>Nati</u>	Accident L., Suicide L., Hamicide L., U	ndetermined manner,
	A VERBER		ACTUAL	TITLE (SPECIFY)	
	▲ #₽ ▼ #		SIGNATURE	M.D. Assistant	MEDICAL EXAMINER DATE SIGNED 4/22/86
	SEA SET TO	1			
	MEDI COTE FUNE FUNE TIMO		EXAMINER'S NAME (TYPE OR PRINT) Gr	pory R. Kauffinan, M. D. ADDRESS	111 Penn St.
	TO MEDICAL EXAMINER: 11 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNKAL DIRECTOR: 9, AFTER DEATH, WITH THE ST BATTIMORE, MARYLAND, 2	73a P			d LOCATION
		(5	S / A / B	Harden Janes All	CITY OR OWN COUNTY STATE
07/84 25M	BP	21/2	LUKIHL	-7/1986 KIERUSTIEM Ch. CEM.	MARSONSBURG, INd.
201111	DHMH - 17	Z4 FI	INERAL DIRECTOR	ADDRES 250. DATE REC'I	D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE
	(VR A15 ME (5))	1	AKER MY B	inds, Julisbury, Md. APR 25	1098 Julia Davidson- Jondalls



	1				STATE OF	MARYLAND				
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0469	6	REGISTRAR			CERTIFICA	ATE OF DEATH	0 0	G. NO.	200	O
		CEASED NAME FIRST		MIDDLE	LAST		20. DATE OF DEA	H MONTH	DAY YEAR 26 HC	OUR
404		Herber	+	LEE 0	Nater	house	Apr	:1 16	1986 11:0	00 A
	3. SE	X	4 RACE		5. DATE OF B	IRTH YEAR	6 AGE IN YEARS LA	ST BIRTHDAY)	MONTHS DAYS HOURS	DER 24 HR
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18/1	10 C	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		THER INSTITUTION	12a USUAL OCCL		12b. KIND OF BUSI	NESS C
£ . (Sa	alisbury /				Hospital	EMPLO		POULTRY	
410	USU	AL RESIDENCE (IF NURSING OM STATE 13 CO	E OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	I INSIDE CITY LIMITS?	13e STREET ADDR		GO	10
A C	1	N	CCOMACK	PARKSLE		ES NO X	RT.		3421 799	14
201	14. F.	ATHER'S NAME	WIDDLE	TAST		MOTHER'S MAIDEN NA	AME MIDI			
VI		FRANK	WIDDLE	WATERHO	UME	KATIE	MIDI)(t	RUSSE	LL
3 1		WAS DECEASED EVER IN U.S.		166 SOCIAL SECU	RITY NO. 17	INFORMANT	A	DDRESS		
5		YES NO OR UNKNOWN) (IF YES	GIVE WAR OR DATES)	227-24-2	053	BETTY MATT	THEWS	PARKSLE	Y, VA. RFD)
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and a		PART I. DEATH WAS CAL	JSED BY:	Preum					2 01-	
3		IMMEL	- 3 P					315 HID.	,	-
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30	E S	DATE OF OPERATION	I'M CONE	THORY OR WINCH	OF ERATION V	AS PERI ORMED		IN CERTIF	FYING CAUSES OF DE	ATH?
1	CERT	as ACCORDITANAS HAIDERINAS	53 215 TIME	OF INJURY	12	- HOW INTELLEDY OCCUP	YES NO		S NO	
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		22a 1 certify that the (this ho				pril, 1986		April	19 86 , that (1)	(me)
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5		77% SHENATONE	not view the bad	direr death.	DEC	GREE			22c. DATE SIGNE	D
8		11	n	/	Min	attending.	MEDICAL PH	STAFF	11/1	6
3-1	1	THE PHYSCIAN'S NAME (TY	DE OR ORINITY			e. ADDRESS	DIRECTOR PH	IYSICIAN []	17/16/8	8 E
1		4		-tin n	1.0		0:	6.	e / · /	
-	-	Janes .				1300 5.	D. Visio		Dal, 550,	7,
2		BURIAL, CREMATION, REMOV				ETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
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7/84	1300	UNE AL DIFECTOR	11.	ADDRESS	. O. B	OX 527 250. DA	TE REC'D. BY REGIST	RAHITH REGIST	RAR'S SIGNATURE	13
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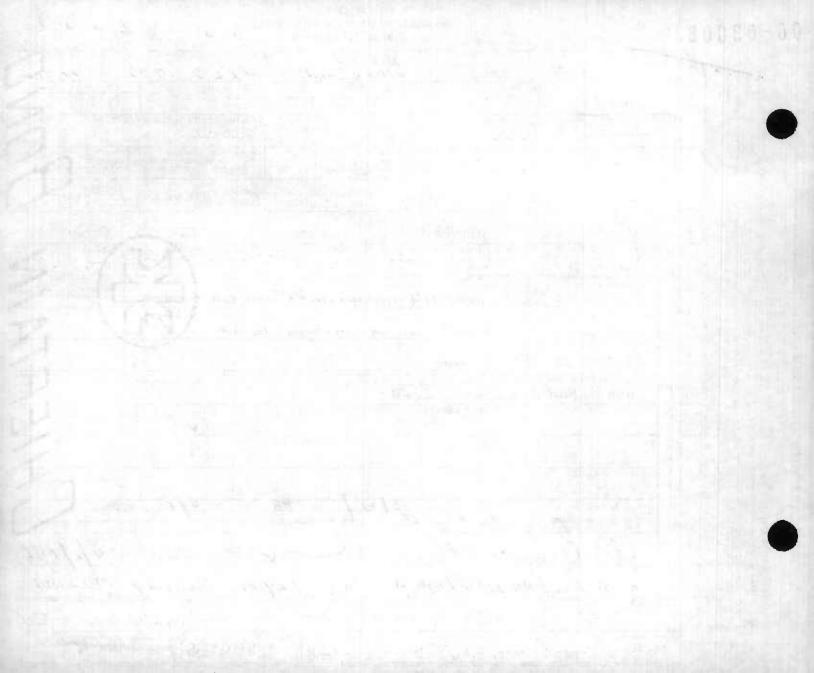
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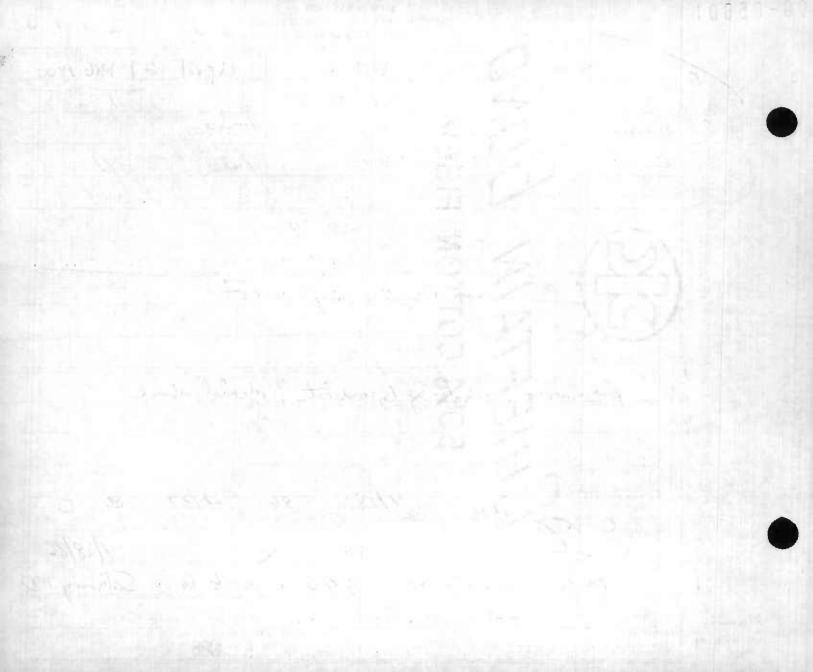
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00-03008	1-	FOR STATE REGISTRAR		DEPAR	TMENT OF H	EALTH AND MEN	NTAL HYGI	ENE 8 6	1 2	2 6	8	9
2-31-15		CASED NAME FIRST Howard	Lee	MIDDLE		iyland y Land	· .	APRIL 6,	MONTH DAY	YEAR	26. HOU	
ctor. p	3. SE	Male	4 RACE Whi		5 DATE C		912	6. AGE (IN YEARS LAST BIR	YRS.	UNDER TYEAR	IF UNDER	24 HRS MIN.
O 1335	1	RTHPLACE (STATE OR FOREIGN ACTIVITY)	U.S.A.		MARRIE	l Hospital		Wicomico	MD		1110	
O . A DE LOS	Sal	isbury	Peninsu	Peninsula Ceneral Hos				(TYPE OF WORK FOR MOST OF Meat Cut	F WORKING LIFE)	126. KIND OF BUSINESS OR INDUSTRY Supermarket		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALLIMORE, MARYLAND 212 NG PHYSICIAN: The low requires that the deoth certificate be executed within 24 hour oftending physicion. Mer this certificate has been signed by the oftending physicion and campletely filled in so the buriol-transit permit. Then please remove carbonappers. Pages 1 (Ad 2 should be 1 th and Mental Hygiene prior to burial, cremation, at removal. orked or them 18 shows any injury, or other troumatic event, the medical Copine missible orked or them 18 shows any injury, or other troumatic event, the medical Copine missible.		AL RESIDENCE (IF NURSING HOME TATE Maryland THER'S NAME	Vicomico	130. CITY OR JOY Salisbu	Dry Jry	13d. INSIDE CITY YES NO		Route #6	Zip CODE Zion Ro	ad 2	1801	4
ompletel		Mayhew		Whayland		15 MOTHER'S M.	ra	MIDDLE.	55	Gor		
be exection and or rs. Pages		No	GIVE WAR OR DATES)	166 SOCIAL SEC 214-01-	7928	Route #	Mrs. #6 Box	Susan B.AWF 628 Zion F	Rd., Sali			
ST., BAI g physic conpape removal.		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMED	only one couse per ISED BY: IATE CAUSE (a)	netastal	tic, una	lifferentia	kd Sm	nall Cell Corn	cinoma	BETWEEN	mate inter onset and	DEATH
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The low ion. The low ion. The low ion. The low ion.	CERTIFICATION	190 DATE OF OPERATION			H OPERATIO	N WAS PERFORMI		20a AUTOPSY? YES NO P	20b. IF YES, V IN CERTIFYIN YES (NG CAUSES		H?
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Spiral or CTOR A I for use of Health		22a.1 certify that (1) (this ho sow the deceased obve			0.0	d that in (my) (au	r) opinian de	eath accurred on the do	6 , 19.		that (1) (v causes sta	
ral OR / y the ho y the ho detached detached oute Dept VI. If then		Sota C	Charden	fella	ua	1410 1111	NDING SICIAN Z	MEDICAL STAP	F IAN []	th DATE	S/A	986
TO HOSPITAL Cretoined by the TO FUNERAL Dishould be detained with the State Dishopping.		KOTA L C	HANDLE	ASEKHAA	RA.	306	KAY	AVE SALL	SBURY	MO	218	01
BP	(urial, cremation, remov SPECIFY) Burial	23b. DATE 4/10/			Cemeter Center	У	23d LOCATION Salisbur				
DHMH - 16 60M 7/84 (VRA 15, 4)		ineral director Holloway Funero	al Home, I	P.A., Sali	sbury,	Maryland	A DATE	RO91986	25b. REGISTRA	R'S SIGNAY	andel	K





DHMH - 16 60M 7/B4 (VRA 15, 4) 230. BURIAL, CREMATION, REMOVAL Burial

Holfőway Funeral Home, P.A., Salisbury, Maryland

4/28/1986

APR 20 1256 Guille Dandon

Wicomico Memorial Park Salisbury, Wicomico, Maryland

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAR		Caltin	TENTE OF PENTI	REG. NO.					
1. DECEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR				
(TYPE OR PRINT) WARREN	Kenneth	WOL	FF	APRIL 2	22, 1986 6:45P M				
3 SEX	4 RACE		OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS				
Male	White	12	14 1921		RS DAYS HOURS MIN.				
	Th CITIZEN OF WHAT CO	OUNTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY OR COU	INTY OF DEATH				
Phila, Pa.	U.S.A.	WIDOW		WTCOMTCO	MC				
10 CITY OR TOWN OF DEATH			OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS OR				
SALISBURY	SALISBURY	"NURSING	HOME	Retired to mork for most of works	arva Mach.Product				
USUAL RESIDENCE (IF NURSING HOME OF				A					
Maryland Wico		isbury	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP C 216 Hall Dr.					
14 FATHER'S NAME	AIDDLE		15 MOTHER'S MAIDEN NA	AME					
Walter	Wo	1ff	Florence	MIDDLE	Lyttle				
160 WAS DECEASED EVER IN U.S. ARA	AED FORCES? 166 SOF	CIAL SECURITY NO.	17. INFORMANT	ADDRESS	Буссте				
Yes WWII Navy	war or Dates) 164	-18-5217	Susan Wolff	216 Hall DR.,	Salisbury,Md.				
18 CAUSE OF DEATH (Enter onl	y one cause per line for (a), (b), and /	1 11	7	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
PART I. DEATH WAS CAUSED	E CAUSE (a) CON	981100	head ta	Muse	Imo.				
	Conditions, if any which Conference Conference Confine User Disease								
Conditions, if ony, which		welle	le Cordin 1	415					
gave rise to immediate couse (a), stating the									
underlying cause last	DUE TO, OR AS A C	ONSEQUENCE OF							
PART 2 OTHER SIGNIFICANT C	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN								
3 rough Latino	chronica	pentaciti - C	VA-Rt hom	Marais					
4 19a DATE OF OPERATION	19h CONDITIONED	OR WHICH OPERATION	N WAS PERFORMED	20a AUTOPSY? 20b. II	YES, WERE FINDINGS USED				
NO THE OF GREATION 190 DATE OF GREATION 210. ACCIDENT WAS UNDERLYING	The Contonion pro	A WINCH OF ERRANC	NA WASTERI ORMED	IN CE	ERTIFYING CAUSES OF DEATH?				
210. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	v	Tale HOW BUILDING OCCUP	YES NOL	YES NO				
OR CONTRIBUTION CAUSE OF DEAL		ONTH DAY YEAR	ZIC HOW INJURY OCCUR	RRED (ENTER NATURE OF INJURY IN ITEM	A 18 PART OR PART 2)				
(IF EITHER NOTIFY MEDICAL EXAMINER)		19							
(IF EITHER NOTIFY MEDICAL EXAMINER)	21e PLACE OF INJUR		211 LOCATION STREET	CITY OR TOWN	COUNTY STATE				
AT WORK NOT WHILE AT WORK					0.0				
220 I certify that (1) (this haspit	220 I certify that (1) (this haspital) attended the deceased from 3 3 1986 to 4-22 1986 that (1) (mo) la								
tow by deceased alive as	based because all developments and hour and from the causes stated								
THE SIGNATURE	1/6-		DEGREE		2h DAJE SIGNED				
781111/011	1.05	K	ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	4/23/86				
TA PHYSICIAN S NAME THE OF	resm.	17	122e ADDRESS	DIRECTOR PRITSICIAN	1 100				
Dr. Earl Beard	isley		Civic Ave. S	alisbury, Maryl	and 21801				
		100			and ZIOVI				
230. BURIAL, CREMATION, REMOVAL (SPECIFY)	23b. DATE	130 NAME OF	CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE				
Burial	4-25-1986	Edgewoo	d Mem. Park In	C Glan Milla	- Da /				

DHMH - 16 60M 7/B4 (VRA 15, 4)

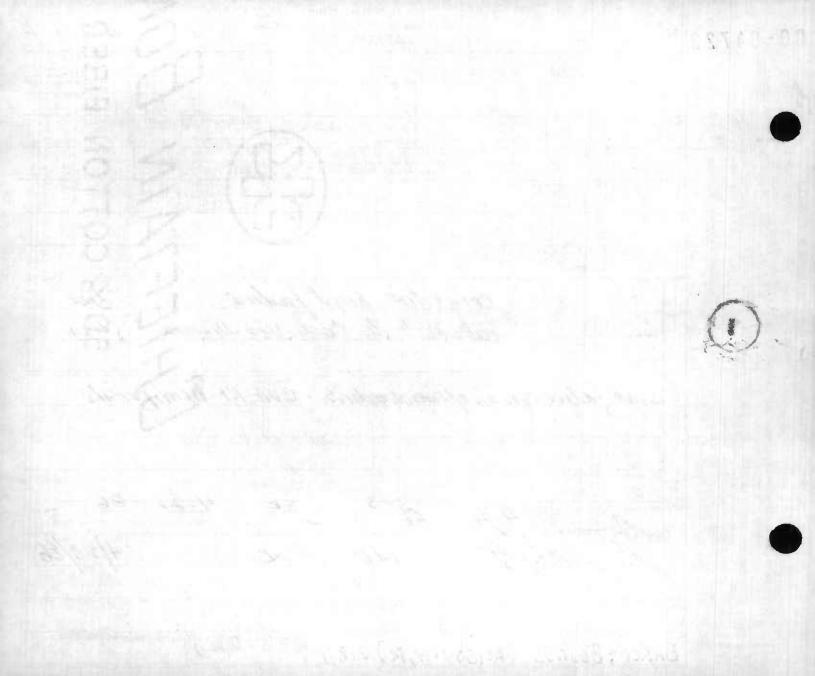
retained by the

IMPORTANT: If them 21 is morked or them 18 ship

Edgewood Mem. Park Inc. Glen Mills - Park Inc. Glen Mills - Park Inc. Ben Mills - Park I BAKEN-BOUND

4-25-1986

STATE



		FOR	
1	-	STATE	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8	REG. NO.	1	2	6	9	6.1
9	REG. NO.				- 1	

	REGISTRAR					REG. N	0.			
	DECEASED NAME FIRST		MIDDLE		LAST	20 DATE OF DEATH	MONTH	CAY YEAR	2b HC	OUR
1	William Ho	n Howard			KMAN	141	BIL	35198	0 19	955 M
3 5	SEX	4 RACE		5. DATE O		6. AGE LIN YEARS LAST BIR	IF UNDER I YEA		ER 24 HRS	
V	Male	White		July	7 24, 1911 YEAR	74	YRS	MONTHS DAY	S HOURS	MIN.
70	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8		9 BALTIMORE CITY OR COUNTY OF DEATH				
1	Delaware	U.S.		WIDOW		Wicomico				MD.
	alisbury		HOSPITAL, NURSIN		Spital	120 USUAL OCCUPAT ITYPE OF WORK FOR MOST OF Farmer				VESS OR
130	Velaware Susse	VTY	OVERESIDENCE BEFORE 130 CITY OR TOWN Delmar		13d INSIDE CITY LIMITS?	130.STREET ADDRESS RFD #1 Box		DE 199	40	45
76	FATHER'S NAME FIRST Illiam E. Workma	MIGDLE	LAST		15. MOTHER'S MAIDEN NAME FIRST Carrie Moor	WE		K	LAST	
160	WAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	ESS			
	No	E WAR OR GATES)	215-36-1	326	Ethel E. Wor	above)				
	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	gave rise to immediate cause (a), stating the DUFTO OR AS A CONSEQUENCE OF								
NON	SpI	aremoher	for	AVBluck	perperter	so-	_	35.		
CERTIFICATION	190 DATE OF OPERATION	TION FOR WHICH OPERATION WAS PERFORMED			20a Aytopsy? 20b IF YES, WERE FINDINGS UIN CERTIFYING CAUSES OF DI				ATH?	
MEDICAL CE	OR CONTRIBUTING CAUSE OF DE	HOUR A.	m. month da m.	19	21¢ HOW INJURY OCCURR 211 LOCATION STREET	CITY OR IC		PART 1 OR PART 2		STATE
	22a.1 certify that (1) (this haspi saw the deceased alive an above, (1) (we) (did) (did no 22b SIGNATURE		19		nd that in (my) (aur) apinian of	, to, to an the d MEDICAL STA RECTOR PHYSIC	ate and ha			stated
	22d, PHYSICIAN'S NAME (TYPE O	23b. DATE			27e ADDRESS EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY		STATE
_	Burial FUNERAL DIRECTOR	4-29-1	986 Mel	sons	Cemetery 25g DAIE	Delmar V				d
	NAME	anol He	ADDRESS	Do	AE	R 2 9 1986	Gulla V	Jan door	pende	10km
L	Marvel-Short Fune	star Hom	e Delmar	, De.	raware	11 20 1000				

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR LAST 20 DATE OF DEATH MONTH 1. DECEASED NAME (TYPE OR PRINT) 2 Sarah YOUNG April 2, 1986 3. SEX 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR Nov. 23, 01925 EAR Female Negro YRS O. BIRTHPLACE (STATE OR FOREIL 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY) Wicomico Maryland U.S.A. DIVORCED [WIDOWED CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR Deer's Head Center INDUSTRY (TYPE OF WORK FOR MOST OF WORKING LIFE) Salisbury Laborer Seafood USUAL RESIDENCE (IF NURSING HOUR OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) THUCOUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Maryland NOF 809 Pine St Dorchester Cambridge 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST James Kelson Bessie Rozier 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 16b. SOCIAL SECURITY NO 17 INFORMANT Wilm. Bessie Kelson 1/102 E. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and c PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART To CERTIFICATION 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED 190 DATE OF OP-VATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO YES [gie 210 ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) Mentol Hy 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 211, LOCATION CITY OR TOWN COUNTY AT HOME STREET FACTORY OFFICE FARM ETC) STATE NOT WHILE 22s I certify that (1) (this haspital) attended the deceased from saw the deceased alive an. 8-6, and that in (my) (our) opinion death accurred on the date and have and from the causes stated abave, (1) (we) (did) (did nat) view the body after death should be detached with the State Dept. 27h SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e ADDRESS Goris, M.D. Elsa Deer's Head Center; Salisbury, Md. 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN Md . Paradise Cemetery Trappe Buria.

812 Hubbard St.

Home

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

Boardley Funeral

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